Public Health Nursing Education and the Undergraduate Nurse

By E. KATHLEEN RUSSELL

In introducing this subject I want to ask your attention to an incident of some sixty years ago. It was the summer of 1867 and a meeting of the British Medical Association was in progress in Dublin and a young Scotch surgeon was speaking. From an address pregnant with meaning for the whole future of surgical practice I would ask your attention to one sentence. This is what we hear the speaker saying, "I have devoted a good deal of attention to this (class), but I have not yet pleased myself altogether with any of the methods I have employed." It was the great Lister who was speaking. Although but forty years of age, he had already worked for years upon the study of inflammation and had done an immense amount of lasting work, but in truth he was only at the beginning of his life's work and he could not yet see whither the road led. In the midst of his search for truth what are the characteristics of his speech? We note a conviction of success but unlimited patience and self criticism as the means to success.

May I use the weight of such an example to beg for a similar **critical patience** in approaching our own problems. Or may I let those words that I have quoted serve as my apology for the tone of my paper. For I can only present to you doubt and uncertainty about our present methods in the matter under consideration. But it is doubt and uncertainty offered in a hopeful manner. A willingness to experiment with equal willingness to learn from our experimentation will lead us along the scientist's path to truth.

To make the subject matter of this paper clear from the outset it is necessary to apologize for its title. I was asked to write concerning "public health nursing and the undergraduate nurse" and have finally decided to use that somewhat ambiguous title, for although it is confusing perhaps it serves our purpose best in the present circumstances. We do indeed wish to discuss the so-called public health nursing course now given to hospital pupil nurses, but my main thesis is that the purpose in giving those courses is not to teach public health nursing but rather to teach something concerning the general subject of health or public health, and therefore it is this latter—a different subject—that becomes in reality the topic of my paper. Perhaps this argument will become clearer as we proceed.

We find ourselves committed then to a consideration of health or public health teaching in relation to the pupil nurse. Note those words "in relation to the pupil nurse," for that phrase puts certain definite bounds about our subject and, indeed, gives us the key point in the whole argument. It means that we are discussing the education of the young woman who is in the hospital nursing school in order to acquire the art of bedside nursing. I am taking as my basic argument that the whole duty of the hospital school lies in the preparation of a good bedside nurse while seeing to it that the hospital patients are well nursed at the same time. If the hospital school performs that double service well it will have fully justified itself

(Read before the Nursing Education Section, C.N.A., 1926.)

as one of the most useful of all educational institutions in the community, while until it has had the opportunity to do that well it seems that it has little right to confuse the issue with other responsibilities, and certainly other groups have no right to make further demands upon such a school. These opinions refer to the hospital nursing school of today in Canada and imply a recognition of the average conditions reasonably to be expected for such a school. Future developments may offer changed conditions but such matters are far beyond our present consideration.

Is there then any relation between certain health teaching and the preparation of a good bedside nurse? It is sincerely believed that there is such a relation and that certain instruction of this kind is needed by every bedside nurse in order that she may be reasonably well prepared to meet her responsibilities and opportunities **as a bedside nurse.** A careful consideration of the reasons voiced by nursing schools for giving public health courses (unfortunately called public health nursing courses) to their pupils reveals the fact that most of their objectives are related to bedside nursing. Let us sum up all such purposes as stated by the hospital schools when they ask for these so-called public health nursing courses: these appear to be five in number:—

1. To give vocational guidance to the pupils; thus some—presumably those who are well adapted—are led to choose this branch of work for their future occupation.

2. To give all pupils a necessary interest in health for the benefit of their future patients, an attitude that will demand health for the patient, not mere absence of a present group of symptoms—a particularly significant factor when nursing children.

3. To give knowledge of hygiene, particularly personal hygiene, for the benefit of the nurse herself and equally for the benefit of her patient.

4. To let the pupil see patients in their own homes and thus to make of her a better bedside nurse because of the more intelligent sympathy developed thereby.

5. To give each pupil a knowledge of the community's health department in order that she may interpret community resources to her patient.

You will note in this list that the first purpose, i.e. vocational guidance, does not refer to the pupil as a bedside nurse nor suggest any help to improve that preparation but that every one of the other four does definitely aim to make a better equipped bedside worker. Summing up the last four, we find we are asking for interest in the patient's health, knowledge about the laws of health needed to teach the patient, and more sympathy with, and understanding of, the patient as a human being. Worthy purposes indeed for all nursing schools: and the burden is laid upon us to show how such purposes can be realized. If certain health courses or public health courses can accomplish these things, then surely all schools will want those if they can be obtained. Before leaving the matter of purposes, it seems necessary to turn for a moment to a negative aspect of the question. We must emphatically deny any desire to give in these public health nursing courses, as now conducted, technical preparation for that specialized work called public health nursing. That technical preparation is a specialized training only to be given in a special school.

We now come to a consideration of the methods at present used by nursing schools for obtaining this health teaching for their pupils. If we study the present programmes of the schools we find the following indications, partly deliberate procedure, partly unforeseen but inevitable development:—

1. A very small but a growing amount of instruction given in the school concerning health or hygiene.

2. A faintly perceptible change of attitude upon the part of medical instructors, so that preventive medicine is being taught to a slight degree together with curative medicine.

3. Special courses arranged with public health nursing organizations. courses which are usually meant to cover all of the objectives stated above.

A fourth might possibly be added, i.e. special terms of service with the hospital social service department, but we must admit that when this experience is given to the pupil it is generally used for the purpose of teaching the theory and technique of social case work and there is not much idea or purpose of giving health instruction or developing health interests.

We find, then, that the hospital schools are trying to bring health instruction to the pupil nurse in two ways: first through a change in the didactic teaching given in the hospital, and secondly through sending the pupils out of the hospital to take a short course with a public health nursing organization. It is this latter procedure that claims our attention.

Throughout the past few years the idea has been growing that the hospital school owes this public health nursing experience or course to its pupils, and further, that the giving of this course to its pupils is a duty that the hospital school owes to the community. In consequence heroic efforts have been made by some schools to do this thing. The effort displayed has had two results. In the first place it commands our respect for the sincerity of those superintendents who have been determined at all costs to keep faith with the young women who have come to them as pupils, for the effort has been costly in every way. Also this effort has given us some actual experience of what can be done for pupil nurses in short courses with public health nursing groups. It is from this experience that we now wish to find guidance for the future. If we examine the short course in public health nursing as tried in this country and in the United States we find certain general characteristics as follows:—

For this course the pupil is sent away from her hospital to work with a public health department.

It is usually given to the pupil nurse during her third year in the hospital school.

In length it varies from a minimum period of one month to a maximum of four months. During this time hospital work is discontinued.

In some hospitals all the pupils are given this course, in others only a selected number.

This course generally contains a large amount of practical experience with the staff nurses of the public health organization and a small amount of didactic instruction. The subject usually studied in the lectures and conferences is the practice of public health nursing.

The plan has been put into operation quite extensively in the United States, and a few Canadian schools are trying it, though with less formality than the American schools. For instance, nursing schools all over the country have sent a few pupils to the Victorian Order of Nurses for brief periods of work for years past. The municipal Department of Public Health of Toronto has received pupil nurses from the Toronto hospitals for the last seven years, and other instances might be added. What is the present opinion about this procedure? From the United States comes much conference about extending and improving this work, but we think also that we hear there a note of doubt about the wisdom

of the whole plan. For ourselves in Toronto, we must also express doubt. After a limited experience with it we are inclined to question the thing we are doing in sending these pupil nurses outside the hospital for a study of public health nursing. There is, undoubtedly, value in the procedure, but always in a school curriculum we must consider **not value alone but relative values.**

The adverse criticism of this present plan suggests the following points:—

1. It breaks into the hospital work of the pupil nurse and, by withdrawing her from the wards, lays a further burden on an already overburdened nursing service and also upon an over-burdened pupil. That argument has many ramifications but it need not be laboured for this audience.

2. It lays a heavy, an unjustifiable, burden upon the public health department receiving the pupils if a large indiscriminate group is sent to them.

These two objections are serious enough because of their administrative and economic implications, but even so they probably do not present the most serious aspect of the matter. There is another and a more important objection, namely, the suggestion that this course with a public health nursing group defeats its own purpose if meant to affect the pupil nurse as a student of bedside nursing. By sending this pupil away from her hospital the whole piece of instruction is treated as something apart from her regular bedside work; all the emphasis is placed upon making it an extraneous matter. The pupil nurse leaves her hospital work behind her while she works with the public health nursing group, and she closes the door upon her experience there when she resumes her hospital training. Such attitudes and interests as this course has developed are deliberately dissociated from her bedside work. I repeat, we deliberately dissociate, and yet our objective is association! And, further, no steps are taken to give the bedside practice the desired associations. Good teaching practice seems to demand that we seek some different method, some means of giving this instruction within the hospital as part of the responsibility of the staff of the nursing school. We would suggest that a plan for the effective teaching of health as needed by the hospital pupil requires the consideration of three matters in the school. We shall list these briefly and then discuss them more fully:—

1. The attitude or preparation of the nursing staff of the school.

2. The informational courses on hygiene or health.

3. The department or departments of the hospital through which the pupil is to be introduced to the patient's home.

First we have listed the attitude and preparation of the staff of the school, and that seems all-important for, if it is significantly a question of an attitude to be learned—the attitude that will interest every pupil nurse in the health of her patient and lead her to demand that—then the issue depends upon the knowledge and attitude of the entire staff of the school, upon the nursing staff even more than the medical, although the latter will also have its effect. When the members of the nursing staff of the school are interested in the health of the patients, when they know and understand and teach health then, and not until then, will the pupils of that school become interested in health and become teachers of health. The attitude of the nursing staff dominates the whole situation and no plans nor methods nor courses, no time spent nor money bestowed will have effect until this all-important factor is assured.

Secondly, certain informational courses on hygiene or health must

lay a foundation of knowledge, a knowledge that will be related first to the life of the pupil herself and next to the life of her patient. To secure that relating of health practice to the pupil's own life it must be made the responsibility of someone to see that both **opportunity** and **motive** are supplied. If we could compare some of the procedures of the daily life of pupils in a hospital nursing school with that of the pupils in a physical education school we might get some startling contrasts, and yet the nurse lives in the midst of medical knowledge, and is surrounded by the proof of what happens when the laws of health are ignored. Is it not strange that so much warning fails to find association with the observer's own life?

Finally, there is still the matter of a special department or of special departments through which the pupil will be introduced to the homes of some of her patients. This, as we have already said, should give her a far clearer sense of realities and values in connection with her patients and thus make of her a more intelligent as well as a more sympathetic bedside nurse. Surely we cannot afford to ignore such matters. Also, this entrance to the home should be used to give the pupil some consideration of family and community health problems so that she may see her own work in relation to that of her sister, the public health nurse. We contend that this contact with the home, if it is to serve the purpose stated, should be made through the hospital while she is working with her patients there and as a part of that work. If this contact with the home could be carried on through the co-operation of the social service department and the out-patients' department at a period when bedside work is also being done, the resultant sympathy and understanding might surely be relied upon and could be directly associated with the sick patients then being nursed. This suggestion that the social service and the out-patients' departments should be used for this special purpose is not original: there are various attempts at such a method already in operation. The one notable experiment, at Yale University, embraces this idea, but discussion of that particular work must not be allowed to confuse the present argument, for both the purpose of the work at Yale and the conditions there, as I understand them, are quite apart from the purpose and conditions of the average hospital nursing school which we are considering. This same idea concerning the use of the out-patients' department is treated in a very interesting report upon the matter issued by the American League of Nursing Education last autumn. Also we find the same method already suggested in some of our own nursing schools. All specific plans for such teaching through the utilization of these special departments must be worked out separately in each school, for we cannot here consider such detail. However, this fundamental question of method must first be settled, and it is a question of equal interest to all schools, large and small, rural and urban. If we decide that health must be taught from within the school, then we immediately face the problem of staffing the schools with nurses possessing the required health knowledge and interests. However, that again is another subject and beyond the scope of this paper.

Before closing the discussion of the use of a public health department for the instruction of hospital pupils there is one more thing to be said. It still seems to be desirable that a school, where possible, should make some arrangement with a public health department or organization in order that its pupils may make brief visits therein and have, each one, a glimpse at least, of the modern health resources of our

towns. Such visits could be made at a slight cost of time upon the part of the school and the health department. In that connection we come very close to another side of this whole argument, one which demands mention here in order to offset some possible misunderstanding. I refer to the case of the voluntary public health nursing organization which may wish for various reasons, selfish or altruistic (using those words in a strictly literal sense) to offer short courses of practical work to a selected group of senior pupils from the hospital. There may be excellent reasons for including such a piece of experience in the training of a few of the pupils, although we must note that it cannot be offered to more than a small fraction of the hundreds of nurses in training in our hospitals. Such experience is not condemned. We are merely insisting that it does not belong very closely to the argument of this paper for it cannot serve as a substitute for health teaching related to the daily bedside work of the pupils in the wards. It is true indeed that for a selected group of pupils experience with an organization which does visiting bedside nursing may be made a valuable supplement to the hospital teaching.

In summing up I would offer four conclusions for your discussion:—

1. That the teaching of public health **nursing** has no place in a hospital school for nurses.

2. That certain health or public health instruction is required in the hospital school.

3. That the teaching of health or public health has only place in the hospital school in so far as it improves the preparation of a bedside nurse.

4. That the present method of trying to give this health instruction outside of the hospital school is of doubtful value, and that we should make more careful study both of it and of other methods which might promise more satisfactory results.

A Message from Our President

Dear Fellow Members of the Canadian Nurses Association:

I wish to thank you all for the great honour you have done me in making me your president. It is a great honour and carries with it a great responsibility. I am counting on you all to help me meet this responsibility in such a way that the progress which our association has made in recent years may be steadily continued. Please note I say counting on **you all.** No officers, however competent, no executive, however active, can make and keep our association what it should be, a great national force, functioning always for true advance in nursing service: this can only be done by the loyal, steady effort of every member. Let us carefully study Article II of our constitution, "Objects," and let us each try to make these objects a real vital influence in our work.—Yours faithfully,

FLORA MADELINE SHAW, R.N.,
President.

Miss F. M. Shaw, president of the Canadian Nurses Association, sent the following message to Dame Maud MacCarthy as she was leaving Canada on September 29th:

> "Wishing you bon voyage from the Canadian Nurses Association and thanking you for your gracious appreciation of our arrangements."

And the following message was rereived in reply from Dame Maud:

> "Adieu, please convey to Canadian Nurses Association heartfelt thanks for memorable kindness. Filled with admiration of their magnificent work."

Convergent Strabismus in Children

By DR. W. LOWRY, Surgeon-in-Chief, Department of Ophthalmology, Hospital for Sick Children, Toronto.

By strabismus or squint, we mean that both eyes are not directly pointed at the object looked at, so that one or the other eye fixes the object looked at correctly, while its fellow assumes any other position, turning inwards, outwards, upwards or downwards. We will only discuss the variety in which the squinting eye turns in.

To get perfect vision, each of us should have an eye of a normal focus so that there is no straining to see, normal muscles to hold the eye in a correct position, and normal retinas to receive the picture of the object. With perfect vision we fit a picture on similar points of each retina and we blend the two pictures into one, so that we fix a brain picture of one clear object. The normal sighted infant has all of these requirements except that the retina is not educated to take in the details of an object, nor is the desire to blend the two images into one as strong as it should become later on in life.

Children who develop strabismus are lacking in two ways the essentials which make perfect vision. First, the eyes are not of normal focus, so that they have to strain the muscles to make up for the faulty focus, and second, the eyes are not of the same focus, one being more faulty than the other. Thus, since the retina is untrained as yet, and the wish to use the eyes together is undeveloped, the child will learn to use the better eye which gives him a more distinct picture and disregards the poorer eye. He thus trains the better eye to get good vision, while he leaves the poorer one in its untrained condition. It is not long before the trained eye is used exclusively, and the untrained eye being unused, the incentive to blend the two images becomes lost. And when this happens there is lost the wish to keep the poor eye directed at the object looked at. Thus the untrained eye will assume a faulty position without causing the child any discomfort.

If an older child with good vision established in each eye were to suddenly develop a squint, he would have the discomfort of seeing double, and he could either cover or close one eye to avoid the confusion caused thereby. It is probable the infant may also have some discomfort with double vision when first the squint develops, but as he has not yet developed good vision, he adopts the only expedient he can, namely, suppressing the image from the poorer eye, and this eye can then assume a faulty position without the discomfort of double vision.

Squint usually develops at about two years of age, just when the child is beginning to study objects in detail, and it frequently comes on after one of the infectious fevers. The parents usually attribute the squint to the whooping cough or measles, as the case may be, but these diseases only contribute to the causes already present, by weakening the tone of the eye muscles and providing conditions during which

(A lecture given to the Alumnae of the Hospital for Sick Children, Toronto.)

the child has to stop in bed or indoors and amuse himself studying pictures and toys.

Treatment of strabismus should commence as soon as it has been noticed, and consists in relieving the muscle strain by wearing suitable glasses and in keeping the poorer eye in service by insisting on its being used. The earlier the treatment is commenced the better will be the results, for the child must be taught to use the two eyes together before three or four years of age or it will never learn at all. The squinting eye can be made straight later on by some means or other, but that does not mean that it is being used or trained. Indeed, without any treatment at all, the eye frequently becomes straight, which has led too often the doctor to advise the parents, "Don't do anything to the child now, he will grow out of it." The advice has been taken so often that many children have grown up using one eye only, the other being a poor one. Some mishap overtakes the good one and the individual is left stranded with an eye good enough only to do coarse labouring work, or work that brings him in a very poor living.

Most parents, of course, are more disturbed by the fact that their child has an unsightly cross eye, while what should concern them most is whether the child sees, and whether the vision is being trained at an age when best results are to be obtained. In children two years of age glasses may be worn and this may be all that is required to right the condition. Before that age one has to resort to various expedients. In fractious children a mydriatic can be used to paralyze and rest the straining eye muscles, thus obtaining the same result as is obtained by the glasses. This may be continued until the child can be induced to wear glasses. At the same time, one must see that the squinting eye is being used. If glasses are being worn, one can smear the glass before the good eye with soda, bon ami or mucilage, or cover it with adhesive plaster and thus obstruct the vision of the eye for part of a day or a week at a time, as the case may demand. If glasses are not worn, one can cover the good eye with a comfortable shade made of silk or coat lining, or if the child objects, a broad strip of adhesive plaster may be applied so that it cannot be pulled off easily. If this fails, one can blur the vision of the eye by using a mydriatic, which will make him prefer to use the squinting eye.

Whatever the method employed, it is imperative that it be commenced early and continued persistently in spite of the child's objection, until the poorer eye is being used, or until he or she has reached four or five years of age. Of course, the sooner the eye is made straight the more easy the treatment becomes, though one must not lose sight of the fact that because the eye is straight it is being used; and one must always remind the mother, upon whom we constantly rely, to test the squinting eye frequently to see that useful vision is being cultivated.

After four or five years of age, if the vision be undeveloped, it is not of much use to cover the good eye, and the treatment becomes making the eye straight with whatever means may be judged advisable. The nurse is frequently asked about operation in these cases. One cannot make a general rule to follow as to operation, as each case must be treated as the condition present demands and the progress obtained. But this can be said, the earlier the treatment is commenced, and the more persistently it is carried out, the less frequently is operation required.

An Interesting Ceremony

By GRACE M. FAIRLEY

At Victoria Hospital, London, on August 3rd, 1926, the corner-stone of the new home was laid by Colonel W. M. Gartshore, chairman of the Hospital Trust.

The fact that the ceremony took place during London Centennial week added greatly to the interest, as many of the Alumnae members, who had not been "home" for years, had returned for the various re-unions that had been arranged by the different organizations of the city.

The building was dedicated by the Bishop of Huron, after which Miss Agnes Walsh, of class 1887 and in her 84th year—the oldest living graduate of Victoria Hospital—presented Colonel Gartshore with a silver trowel from the Alumnae Association and student nurses, with which he pronounced the stone "well and truly laid." Miss Winnifred Ashplant, the acting president of the Alumnae, then placed two sealed glass containers within the stone. In the one was a resumé of the history of the hospital, the names of the various members of the Trust, and officers—past and present—along with the names of those who had assisted in the campaign for the home, a brief history of London and of the Dominion. This was written on parchment with indelible ink. There were also coins of the realm and the gold pin of the school. In the second container were the school calendar, the year book of the City of London, and a delightful booklet published as a Centennial memorial, entitled Milestones—descriptive of the progress of the city; also the current issues of the local daily and weekly papers. These had to be kept in separate containers as all paper chemically bleached deteriorates much more rapidly than parchment or hand-made paper that has not been chemically treated.

London has an interesting history as far as its hospitals are concerned, going back as far as 1847, when the first one was built. It, as well as the second one built in 1855, were burned—it was thought in both cases by an incendiary. In 1862 a wooden (or frame) building was erected, which was the only hospital until 1870, when the military authorities moved away from the "Ordnance Lands" and presented their hospital building to the city. This hospital was in good condition and well equipped and was known as the General Hospital of London, but it was too small for the needs of the city, which was evidently growing quickly. In 1874 the late Judge Daniels gave four acres of land to the city, and it is on this property that the present hospital stands. In an old record it is stated that "In the new quarters the hospital did deem itself very grand . . . there was gas, there were self-feeding stoves, and there was running water"! About this time the steward asked to have a telephone put in, but this the city fathers refused, saying they thought it would be "putting on too much style." Later an isolation block and eye, ear, nose and throat wing were added, and in 1920 a Children's Hospital was built as a war memorial for Western Ontario. The present nurses' home was built in 1903, and as the hospital and, consequently, the nursing staff have doubled in that time it can be readily understood that this new building was much needed.

Miss Jean Browne, president of the Canadian Nurses Association and guest of the afternoon, then gave a most inspiring address in which she conveyed the greetings and congratulations of the nurses of Canada to the nurses of Victoria Hospital, and referred briefly to the importance of well-equipped hospitals, attractive and artistic residences for nurses, as well as up-to-date class rooms. Miss Browne put special emphasis on the fact that a school of nursing is an educational centre demanding, as a duty, from the citizens of the community an appropriation for its upkeep as well as that of the hospital if the nurses were to receive the ideal training, which means scientific treatment and the best care of the patient. She also referred to the various influences which have to be introduced into the nurse's off-duty hours if she is to maintain that poise which is so necessary in the nurse. Miss Browne added that too often the public idealize the nurse as a ministering angel, forgetting that she is a human being, who has the ordinary needs of women of taste, education and refinement—making it, if anything, more necessary for her to relax than others.

Dr. Alfred Grant, in a few well chosen remarks, urged citizens to give generously to the upkeep and improvement of the hospital, asking, in justification of the universal criticism of hospital expenditure, if a price could be put on an arm, a leg or an eye.

A very delightful reception was held and groups of nurses from the different years could be seen congregated in groups, some large, some sadly small, all over the lawn. "Nurse Agnes" received many congratulations and carried her eighty-four years with a dignity and grace that made many younger women pause and wonder. To women of Miss Walsh's calibre the profession owes much.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

Reports of Committees, Nursing Education Section

CONSTITUTION AND BY-LAWS

The Constitution of the Nursing Education Section as recommended by the retiring organization—the C.A.N.E.—at the close of the last biennial meeting, was adopted and sent to the National Executive for approval, and was later approved. There have been no changes recommended during the past two years by the executive; therefore, it has not been necessary for this committee to function.—Respectfully submitted,

GRACE M. FAIRLEY, Convener.

SCHOLARSHIPS

In January, 1925, the committee drew up a circular letter for distribution to the various associations of graduate nurses: alumnae, local and provincial associations throughout Canada. In this letter we endeavoured to bring before the associations the necessity of providing scholarships for post-graduate study, especially with a view to providing properly qualified instructors for schools of nursing. About one hundred copies of this letter were sent out.

Response: It is hard to evaluate exactly the response. I think we might consider as such the establishment of a scholarship by the Montreal General Hospital Alumnae Association which was given to a student entering the School for Graduate Nurses in September, 1925.

The Alumnae Association of the Toronto General Hospital also provided a scholarship for the session 1925-26.

I believe steps are being taken by the Graduate Nurses Association of Nova Scotia to establish a scholarship, which will be given to assist a student to prepare herself as an instructor.—Respectfully submitted,

ANNE SLATTERY, Convener.

TEXT BOOK

The committee is composed of seven members residing in different provinces of the Dominion of Canada. During the past year each member of the committee wrote to the superintendents of all the training schools for nurses in her province, asking for a list of the text and reference books being used in these schools. Ninety-four schools were heard from, and a summary was made from the lists received, which shows that in the majority of schools only three or four text books are used by the students, e.g., in Anatomy and Physiology, Practical Nursing and Materia Medica, while in some of the large schools the student must have her own text book in Chemistry, Bacteriology, Dietetics, and Drugs and Solutions.

A comparison has been made of the text books in use in these schools and the following appear to be the most popular:

Practical Nursing—Maxwell and Pope, in 71 schools; Harmer, in 11 schools.

Anatomy and Physiology—Kimber and Gray, in 80 schools; Williams, in 10 schools.

Materia Medica—Dock, in 33 schools; Blumgarten, in 32 schools; Parker, in 10 schools.

Dietetics—Pattee, in 67 schools.

Solutions—Goostray, in 3 schools.

Obstetrics—De Lee, in 79 schools; Von Blarcom, in 11 schools.

Bacteriology—Roberts, in 13 schools; Sweeton, in 6 schools; Bolduan and Grund, in 6 schools; McIsaac, in 4 schools.

Chemistry—Ottenberg, in 3 schools; Bogert, in 3 schools.

Hygiene (Personal)—Williams, in 5 schools; (Sanitation)—Price, in 2 schools.

Dictionary—Dorland, in 30 schools; Gould, in 25 schools.

It was thought that this comparison might lead to a useful discussion as to the relative value of certain of these books from a teaching point of view, and also that the summary might be useful to instructors who are not satisfied with the text books they have been using.

A list of the reference books in all nursing subjects is being prepared from the books contained in the reference libraries of all the schools heard from and should also be useful to the instructor who is planning additions to her reference library, as several of these libraries are very complete. It most large schools, in case of any subject for which the student is not required to own her text books, such as in chemistry or bacteriology, the reference library contains several copies of these books, also several copies of the books from which reference reading will be required during the preliminary term. In a few schools three text books are used and apparently no reference library was available.

In addition to this survey of text and reference books, the committee has been responsible for all the book reviews appearing in The Canadian Nurse, each member in turn receiving books which she reviewed herself or had reviewed by someone, who because of special training, was able to write with authority. I wish to draw your attention to the Book Review page of the magazine, as many of the books reviewed during the past two years are worthy a place in all up-to-date reference libraries for the use of the teacher as well as the student. This page will also help to keep those interested in the education of the nurse in touch with all the latest books on nursing subjects.

For the benefit of the next convener of this committee, I would like to add that I feel that we might have done more and better work if one could have had an occasional meeting. As almost all the members resided in different provinces, meetings were not possible. I think that one of the functions of this committee is to study carefully the new books appearing on the market so as to be able to recommend those which might successfully replace some now generally used in the majority of schools, and prepare a report assessing their value as text books. In my list I have given only the most popular of these books, but a greater variety of books are in use in our schools. To render possible the preparation of a really comprehensive report I feel that meetings are essential, so this work was not undertaken by us.

In connection with the book reviews done by this committee, I think that perhaps a better plan might be adopted. For instance, instead of sending all the books for review to the convener of the Text Book Committee, the editor of The Canadian Nurse might be given the names of the members of the committee and the books might be sent to each member of the committee in turn, who will arrange for the review of the books received by her. This would mean a saving in time and of stamps to all concerned. I also think that the question as to whether these reviews should be signed should be considered by this meeting.

ETHEL M. SHARPE, Convener.

THE SUBSIDIARY NURSE

It is with regret that I report that as convener of the Committee on the Subsidiary Nurse no action was taken until February of the present year, a little over six months ago. The convener of each provincial Nursing Education Section was then asked to serve upon the committee and copies of the material bearing upon this subject received from the C.N.A. in 1924 were forwarded for consideration. Certain conclusions and recommendations based upon these were forwarded by the convener to find out whether those asked to serve upon the committee were in agreement with them.

The time was short, and some of the members approached were unable to give any time to the consideration of the subject. Five members replied; from the remaining four no replies were received. The subject is not a new one, and some members may have felt that they had nothing to offer in addition to the information which had been provided in 1924. The problem of adequate nursing service I think we have all agreed at the very outset to be not so much a problem of nursing education as the larger problem of best utilizing and controlling the material already at hand. However, a study of this question was requested by the C.A.N.E. in 1923, the information gathered was handed over for our consideration, and with us rests the responsibility of at least giving it thought, and if the problem is not ours, of handing it over to the body better able to deal with it.

After a study of the material which had been gathered for our information, I submitted the following conclusions and recommendations to the members of the committee, asking that they would state whether or not they were in agreement with me after a consideration of the subject.

The members of the committee are in agreement:

1. With the elevation of the standard of nursing education, both preliminary and professional; this is mentioned as some consider that the introduction of the trained attendant lowers nursing standards.

2. With the principle of relieving the nurse in all fields—private duty, institutional and public health—of duties not strictly "nursing," and of utilizing a body less highly trained in nursing, thereby providing a less expensive service for the simpler duties.

3. With the necessity for adequate supervision of all types of nursing service: that this should be effective, believe it essential that there should be compulsory registration of all persons engaged in any form of nursing, and that the function of supervision should be delegated to some organization or organizations of nurses.

4. That the nursing needs in city homes may best be met by:

(a) An extension of an hourly or district nursing service;

(b) By the utilization, under supervision of the registered nurse, of a trained subsidiary nursing group.

5. That the nursing needs in towns and rural districts may best be met by:

(a) The establishment of more municipal hospitals; and in a sparsely settled or unorganized district, the establishment by the Red Cross Society, the Victorian Order of Nurses, or similar organizations, of small supervised nursing out-posts.

(b) By the extension as rapidly as possible of the employment of official public health nurses.

(c) By the utilization, under supervision, of a trained subsidiary nursing group.

6. That there are many excellent women, with a partial training in nursing, already available for the subsidiary group.

7. That the supply of both the graduate group and the subsidiary group should be regulated to meet the needs of each particular section of the Dominion.

To sum up these conclusions briefly:

That there is a place which can well be filled by an assistant less highly trained than the graduate nurse, but that the use of such an assistant is only one means of helping to meet the nursing needs of the community.

That no one plan will meet all needs and that in different communities there are different needs.

That it is most essential that there should be "organization" to make the best use of the resources available.

That in every grade of service "supervision" is most essential.

To summarize the replies received:

Miss Guillod, of Saskatchewan: Agreement that there is at present undoubtedly a need for a nursing attendant, and that she should be under the supervision and control of the nursing body. Believe, however, that the instruction of rural women through the Red Cross Home Nursing Classes will go far to meet the need, and that there will be less and less need for an attendant group.

Miss Ellis, of British Columbia: In agreement with the conclusions and recommendations but strongly emphasized the need for supervision of any subsidiary body.

Miss Green, of Prince Edward Island: Did not express her opinion in regard to the conclusions or recommendations submitted, but outlined the plan which has provided a satisfactory nursing service, under what we might term "normal" conditions, for the whole population of P.E.I. The plan is briefly:

1. The student material being chosen from out-lying districts, many as graduate nurses return to these districts.

2. Hospitals provide a district nursing service.

3. Red Cross home nursing classes carried on in all of the smaller towns throughout the winter months enable the women to meet many of the simpler emergencies themselves.

Miss Cook, of Ontario: Did not express any opinion upon the conclusions or recommendations offered, but promised to send any recommendations which might be made following a conference of provincial members of the N.E. Section.

No recommendations have been received.

Miss Macleod, of Manitoba: Considered the time too short to add anything to the report of the Survey of the Subsidiary Nursing Group (by which I understood Miss Macleod to mean the report submitted by a committee from Manitoba in 1924). Miss Macleod states that in her opinion there is no need for another type of nursing service (presumably, other than the graduate nurse) and that she believes that the extension of the public service nursing plan will solve the problem. (An outline was given of the present plan in Manitoba of utilizing the public health nurse for educational work and the public service nurse for bedside nursing.)

You have now heard the opinions of the members of the committee who sent in replies. I will be glad if we may today hear from other members of the committee as well as from all members of the Section.

Before adding the recommendations, which were a part of this report, may I add a few words of discussion? The question we must first face is this: Is there a need for a subsidiary nurse or nursing attendant, call her what you will? Before answering this, I would ask you to consider the following: What of institutions such as mental hospitals, sanatoria for the tuberculous patient, convalescent homes, homes for incurables, children's homes? Would you utilize the graduate nurse in giving the needed care to the imbecile, or custodial care to the hopeless mental patient; the graduate nurse to give the needed care to the chronic aged patient; to make beds in the sanatorium, and supply the simple routine needs of the patient on the rest-cure? The care of the patients in every such institution should undoubtedly be under the very direct supervision of graduate nurses, but that all such care should be given by graduates or that all such institutions would provide suitable material for the training of students, I am sure you will agree with me that such is not the case.

As to the need in the homes: the rapid development of district nursing services speaks for the feasibility of caring for even fairly acute cases by daily visits of the graduate, with some one else, perhaps a member of the family, perhaps another helper engaged for continuous service throughout the day, to care for the patient between the nurse's visits. Here we at once meet the nursing attendant; and I do not think there is one nurse present today

who does not know of many instances of the perfectly satisfactory use of such an attendant, in situations where there was absolutely no need for a graduate nurse, where the people could not afford a graduate, and where the graduate would have been unwilling to go. Upon the place of some form of attendant in the home I do not think I need dwell further.

If, as members of the Nursing Education Section, we are asked to demonstrate the possibility of training useful attendants in a shorter time than three years and to decide where such training should be conducted, I would point to the training of a child-attendant group (a trained nursery-maid group who are taught simple nursing procedures as well as the care of the normal child) as demonstrated in the Children's Hospital of Toronto and the Infants' Hospital of Vancouver, and as to the success of the plan, superintendents of both hospitals have assured me of the demand for the young women so trained. This plan has also demonstrated the possibility of training the subsidiary worker in the same institution as the regular student. I would point also to the possibility of giving a training sufficient for the nursing attendant as demonstrated in the municipal hospitals of Saskatchewan; the utilization of the nursing housekeepers both in institutions and in the country homes has shown her adequate preparation for certain types of nursing service.

Is there a need in all parts of the Dominion for additional nursing attendants, or is there already at hand a sufficient number with satisfactory training to carry on if their work were supervised? Should commercial registries exist to regulate the employment of either the graduate or the nursing attendant, or should all such registries be under the control of the nursing profession? Have we any legal authority to supervise or in any way control the work of the nursing attendant? What facts have we to give weight to our opinions of such questions?

The question of the subsidiary nurse resolves itself into a problem of the establishment of her need and the question of control, the problem of her training being one which can readily be met. The present problem therefore appears to be one outside the province of the Nursing Education Section.

The recommendations of the report were:

1. That the C.N.A. be requested to make provision for a detailed study of a representative district or districts, with a view towards establishing the nursing needs in both the homes and institutions, and also to gain evidence in regard to the need for registration and supervision that such "facts" may be urged in seeking legislation.

2. That a campaign should then be started to obtain compulsory registration and adequate supervision of all types of nursing service.—Respectfully submitted,

MABEL F. GRAY, Convener.

TO CONSIDER THE POSSIBLE MODIFICATION OF THE CURRICULUM AND HOSPITAL SERVICE TO MEET THE NEEDS OF PUBLIC HEALTH NURSING.

In presenting this report as a basis of discussion, I wish to state that a committee was not appointed, although some correspondence was carried on. The following is compiled following a discussion on the subject by a special meeting of the Superintendents of Nurses and Public Health and Victorian Order nurses in the city of Toronto.

It was difficult to know what interpretation to give to the clause "To meet the needs of public health nursing," but it was finally decided to interpret it as meaning that the student should be qualified for this special branch of public health nursing when she completed the regular hospital course.

This would be impossible of accomplishment without very radical changes in the present curriculum and hospital service.

To accomplish this in three years it would be necessary to omit some theory and several hospital services now given, and to substitute the additional necessary theory and practical field work in public health nursing. This would mean two entirely different courses in the training school, one to prepare students for bedside and hospital work and a second course to prepare students for public health nursing. This would eventually create two types of graduate nurses, which would necessitate changes in registration requirements and some new legislation by which nurses trained to do public health nursing would continue in that branch and those trained for other branches of service would not undertake public health nursing.

The difficulties arising from these two types of graduate nurse are very evident, and it would seem wiser to consider the matter from another viewpoint. The general opinion was to the effect that it would be wiser, safer and less confusing to have the general training of all students uniform and to have elective courses in the different branches of nursing by which the student could receive special training in any branch she wished to undertake on graduation.

The facilities needed in carrying out the plan of elective training in public health nursing, since that is the branch under discussion, would make it impossible for the majority of schools to undertake it, and

this plan would of necessity be restricted to those schools located in cities and towns with well organized and well supervised health work.

This divides the schools into two classes, according to their location. In discussing the school suitably situated to develop instruction and practise in public health nursing many difficulties were apparent. It did not seem possible to give the required theory and practise in less than a minimum of eight months. This time could be divided in the different years of the course, but in any case the student would have her hospital work shortened by that length of time. This would necessitate the training now given in thirty-four months (deducting holidays) to be given in twenty-six months. On studying the curriculum of the schools it did not seem possible to eliminate any of the theory and practical work, as the requirements of the Registration Act must be met if these students are to be allowed to register after graduation.

From the economic standpoint of the hospital maintaining the schools primarily, it must be remembered, for the nursing work of the hospital it is apparent that a very radical change would have to be made. Very few hospitals are financially able to maintain and instruct its students for eight months without any return from the student herself.

The solution which seems the most logical at the present time is to establish elective courses, but maintain the same course of instruction in general nursing. This would mean adding the eight months or whatever time decided upon to the three-year course. The maintenance and tuition of the student during the period of the elective course would be a question for each hospital to decide. It seems, however, that the time has come when nurses must expect to pay for their education, and any step in this direction would mean a step in advance.

It will be seen from the foregoing discussion that it was not considered possible, under the present conditions in the schools for nurses, to include an adequate training in the special branch of public health nursing in the present three-year course.

It was, however, considered not only possible but very necessary that all schools for nurses, regardless of their location, should include sufficient instruction in public health to give the student the necessary knowledge of health activities and preventive health measures so necessary to every branch of nursing. It was further urged that unless a school could arrange for well supervised field work with a properly organized health agency it was much better to give only the theory of the work. A student may easily receive an entirely wrong impression of health work or she may be left without guidance and supervision to form her own opinion. This type of practical work is detrimental to the student's progress in her profession.

In localities where there are no health activities or where the health organization does not offer proper teaching and supervision it may be possible to develop teaching and supervision, it may be possible to develop within the hospital organization some branch of preventive work which will provide the necessary practise for the student. The position of the hospital in the preventive field has recently been much discussed, and perhaps the day is not far away when every hospital will be, if not the health centre of the community, at least an important factor in the health programme of the community.

In coming to any decision as to the wisest course to pursue in preparing students for special types of nursing work, of which public health is only one type, it would seem advisable to carefully consider the question from all standpoints lest in a hectic effort to meet all demands for specialized teaching the schools of nurses may graduate nurses whose education is so broad that it is not deep enough to meet the needs of any branch.

JEAN I. GUNN, Convener.

NURSING PROGRESS IN FOREIGN COUNTRIES

The personnel of this committee is Sister Loretta, St. Joseph's Hospital, London, and the convener. It was felt that by the nature of the work it was not necessary to further enlarge it.

In preparing this report, the committee found that the record of progress in other countries was practically brought up-to-date at the fifth regular meeting of the International Council of Nurses held at Helsingfors in 1925. As the C.N.A. was officially represented, and we will undoubtedly hear the report from our president, and as the report of this meeting was published and no doubt is in the hands of all our members, there seems but little to add, other than a few outstanding facts in the current year.

There is, however, in that report much food for thought for those of us specially interested in nursing education and professional progress, and I should like to express my appreciation to Miss Reimann, our international secretary, for information, both by letter and bulletin, which she has always most courteously supplied to this committee.

Although standards and conditions (both national and professional) vary consider-

ably in the different countries, one is struck by similarities rather than by differences, both of hospital problems and nurse training. Probably the most outstanding feature in the countries where nursing conditions have been most difficult, and where scientific nursing has been introduced by foreign countries, usually along missionary lines, is that in the past few years great strides have been made in educating and developing the native young woman to take her place in the nursing world, knowing well that, if efficient, her national traits of character must make her work of greater value both to the community and to the individual.

In many countries obstacles of a colossal type had to be overcome—religion, caste, social and other barriers had to be broken down before this great step forward could even be begun. But it is interesting to find that it is going on quietly but surely and simultaneously in several countries, and has been stressed by all those who have made a survey of conditions recently of these countries, both in Europe and the Near East.

Centralization in nursing education has passed the experimental stage and is being tried out with very definite success in a number of countries. This has probably developed more rapidly than most nursing systems, on account of the shortage of instructors, both nurse and medical.

In connection with the demand for trained instructors, new training centres have been opened in the last few years in a number of countries, and these, in the most part, have wisely opened their doors to the graduate of foreign countries who wishes to avail herself of the opportunity, and return to her own country, there to assist in professional development.

Time will not permit of even touching on curricula, suffice it to say that in practically every country where nursing is being carried on as a profession very definite advances have been made not only in the subjects taught but in the methods of teaching and presentation of subjects, and the addition of various types of public health instruction and field work is probably the most marked addition in the under-graduate curriculum. The types of organizations offering field work are as varied as the types of schools demanding it, but it is a decided forward step.

The record systems of schools of nursing seem everywhere to be calling for more attention. The value of records, if accurate and simple, is of unquestionable value.

Since the last report of this committee was presented, Holland and Italy are the only countries to add to those having state registration, but, like practically all other countries, it is not felt by the members of the profession to fully meet their needs. The Nurses Association of Holland affiliated with a trades union in an effort for professional protection.

The actual number of graduate nurses in Italy is so seriously few that the Government evidently realizes that some steps must be taken to prepare nurse educators.

The Registration Act of New Zealand has been revised and the new Act came into force on January 1st, 1926—the control of nurse registration now being under the Nurses' and Midwives' Registration Board—and with a much stronger nurse representation than when under the Department of the Director General of Health.

Denmark has not yet got registration, but seems to be ahead of all other countries in its various pension schemes for sickness, old age, etc., to say nothing of a vacation fund and a summer house. I will not touch on Finland, knowing it will be dealt with in the president's report, suffice to say that in health education, and central training schools, the progress and status of nursing are outstanding.

At one of the round tables at the International Conference on "What Lay People Can Do to Help Nursing Education," some very interesting facts were brought out with regard to the number of applicants for training and the educational standards of applicants in the various countries. Italy, France, Belgium, Germany and Greece have a marked shortage of applicants of the right type, whereas Latvia (although a country that has been undergoing political reconstruction) has no shortage.

Czecho-Slovakia also has no dearth of applicants, as also Austria, which reports having many more applicants than can be accepted.

Probably what appears to be the most surprising report of all is from Japan, which is in the fortunate position of having six times more applicants than can be accepted, which, of course, means selection of the best type. Also, four years of high school is compulsory in Japan, and during the fourth year the students may take elective subjects, and, in the cases of students interested in nursing, advanced chemistry, household science and home nursing are the subjects advised by the high school principals.

China is making very marked headway in establishing schools and centres, and also in having suitable nursing text books translated. The duties of the secretary of the Chinese Nursing Association evidently are more of an organizing and advisory nature than purely clerical, and from reports sent in she is doing much by going to such

parts of the country as need nursing educational assistance and advice. Think of the courage of the members of the Nursing Association of China, with its membership of but a few hundred, building a headquarters at Hankow!

Poland has gone far on the road of nursing progress, both by the establishing of health centres and by granting scholarships to graduates with the necessary ability and experience for the purpose of specializing as instructors, public health and child welfare supervisors, etc. One could not submit a report like this without making mention of what the Rockefeller Foundation has done in making grants to those countries that are either struggling to overcome post-war conditions, which so adversely affected all health matters, or countries that had never had training centres established—and, therefore, what it has done for nursing education and progress.

Turkey established a school of nursing during 1925, and from reports received there is evidently a well educated group of women in training, and both public health nursing (especially the child welfare branch) and the training course for undergraduates have been well established, but, of course, this has been under the wing of the American group of nurses who were instrumental in bringing the training school into being.

The anonymous gift of five hundred thousand dollars for the purpose of endowing the College of Nurses in Britain is probably one of the greatest advances in nursing education this year, and it is hoped that with the experience of so many existing colleges the world over, that its course will be well mapped out. The possibilities of this college are very great. The unfortunate part of the name is its similarity to the College of Nursing, Ltd., which is a voluntary nursing organization.

Several countries have established short courses in public health and nursing education during the past year. By the programmes—usually a series of lectures and demonstrations—they seem to be similar to the institutes and short post-graduate courses arranged by the different universities in this country.

Outstanding among them was a course in administration and teaching arranged by the Norwegian Nurses Association at Oslo; post-graduate courses in public health nursing in the Philippine Islands at the University of the Philippines, and the annual post-graduate week in public health arranged by the College of Nursing, Ltd., Britain; also longer courses in public health requested by the British Ministry of Health, under different headings: (a) for the nurse without public health experience, and (b) for the experienced public health nurse.

In New Zealand the Government has granted a sum of money for a nurses' hostel, so that all practising maternity nurses can be called in for a short intensive post-graduate course.

Several such courses are also announced from the various universities in the United States, all pointing to an increased demand for further nursing education by the members of the profession and in some cases to meet a demand of the public.

In closing, this committee begs to suggest that in future it be dispensed with. This recommendation is made in view of the fact that we now have an international magazine, The I.C.N., which is published quarterly, and contains current news from all the affiliated countries, as well as the countries in full membership of the International Council; and unquestionably with its development will have for publication articles on international nursing education and progress. This suggestion is made hoping that the international magazine is receiving support from the members of the Canadian Nurses Association and to avoid reporting items of interest that would likely have been previously published in The I.C.N.—Respectfully submitted,

GRACE M. FAIRLEY, Convener.

CHILDHOOD

Of all created things the loveliest
And most divine are children.
Nothing here
Can be to us more gracious or more dear.
And though when God saw all His works were good,
There was no rosy flower of babyhood,
'Twas said of children in a later day
That none could enter Heaven save such as they.—(William Canton.)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AGNES JAMIESON, 38 Bishop St., Montreal, P.Q.

The Ideal Method of Saving for the Trained Nurse

By S. CAROLINE ROSS, R.N.

The trained nurse is conceded on all sides to be the most improvident of self-supporting women. Most nurses are aware of this fact and frankly admit its truth.

The writer was talking recently with the mother of a trained nurse, who had two other daughters, one a school teacher, the other a business girl. We were discussing this very subject and she said: "There must be some reason for this great difference in regard to money between trained nurses and other women. Before Elizabeth became a nurse she was a business girl for two years and was quite as provident as her sisters—even more so. Now, though she is employed only eight or nine months in the year, she makes rather more money in actual cash than either sister and has comparatively little board to pay at home, as she gets most of her living when on cases; also, she lives almost entirely in her uniform and consequently does not require an expensive wardrobe; yet her sisters save nearly twice as much as she. What is the reason? There must be a very real one when this serious defect is so universal among nurses."

There is a very definite reason. The trained nurse comes off a long siege of night duty or twenty-four hour duty, like a man from the trenches, pockets full of money, plenty more where that came from. She can't get down town fast enough to spend it. This is natural enough. She wants to see all the new shows, she wants to add to her pretty attire, even though she has had little opportunity to wear what she already possesses. Unfortunately, she may not get another long case for a while, or it may be the dull time of year; she has gambled too much on the future, she has not left sufficient margin and has very little to live on for the next few weeks. She gets discouraged and decides that nurses make very little money anyway, that there is a great part of the year when there is not much work, etc.; whereas, as a matter of fact, she has the normal ups and downs to which any business or profession is subject that does not yield a precise salary.

The whole difficulty lies in that one fact—she does not know exactly what she makes, or is likely to make the next week or next month, and it is quite human to gamble on that uncertainty. Her sisters, the teacher and the business girl, however, know exactly on the one hand what they earn, and on the other what their expenses are, and so can salvage a definite amount every week or every month or at least know if they are making abnormal expenditures. It is quite impossible for the nurse to do this, so she becomes discouraged where finances are concerned, has no financial security for the future, cannot possibly take great pleasure in her work as it yields her little more than a day to day existence; and as she grows older this is undoubtedly one of the chief factors contributing to that awful feeling that she has made a mess of things, though she has taken a tremendous training, worked long, weary hours, dealt with important matters of life and death, and yet at length must work hard whether she will or no without

[Read at the Private Duty Section, C.N.A., August, 1926, by Miss S. Caroline Ross, R.N., Chartered Life Underwriter, Mutual Life of Canada.]

the solace of the financial independence she so decidedly owes herself. Is this an incurable disease? It is not. I have portrayed a dismal picture, but I place in her hand the magic brush to paint another and quite lovely one.

As the irregular intervals at which she receives her remuneration preclude the possibility of saving a definite sum weekly or monthly, a half yearly objective suits her excellently, if she ties herself up to a hard and fast contract to meet it. The rare thrifty nurse knows that this is the easiest and most potent method of saving. Fortunately, spendthrifts like myself save just as well under this system as the thrifty nurse, because nurses are very faithful to a contract. I know, because I am doing it. It is surprising the pride and pleasure one takes in this form of definite accumulation. Outside of that, one can spend with a clearer conscience and if sickness or financial trouble overtakes one there is always the assurance that all is not lost.

Now the only ideal arrangement to meet the trained nurse's situation is Endowment Life Insurance. With the best intentions in the world she will not systematically buy Government Bonds. Practically nobody invests money permanently in a bank account. We are tempted from time to time either to buy ourselves something or are induced by some specious promotor to put our money in a gold mine or an oil well—each almost invariably a hole in the ground where nurses are concerned—or into some equally unproductive speculation, on the representation that we will earn fabulous profits in short order. As a matter of fact, our concern is not so much what dividends we shall earn on a few hundreds, but how many thousands—yes, **thousands**—we can accumulate through the years when we are best able to earn, no matter what profits they bring, so long as they are solidly placed.

Look for an Insurance Company that pays something like Government Bonds; contract for at least five thousand twenty-year endowment—for quite young nurses the twenty-five and thirty year endowment—cultivate an intelligent sense of values, and decide that for such a faithful, responsible member of society it is a great pity not to settle definitely on the saving of a hundred or a hundred and fifty dollars twice a year. Women in other capacities, making as much money as we, would not hesitate to do this. We fool ourselves, just because our remuneration comes in irregularly. We would take more pleasure in our work, in life generally; our self-respect would be increased, as also our sense of security for the future.

Nurses practically never drop their insurance when they marry. On giving up their earning power this is the only lump sum to which they can ever look forward, and a man will help his wife with this saving more enthusiastically than with any other.

Should she fall ill, she can always borrow from it after it has been in force three years; should she die, it not only pays her last expenses but leaves something to her nearest and dearest. Also, she can quit the policy without loss after completing the third year's payments.

Having had the best of opportunities for a number of years of viewing the situation from every angle, many of us have come to certain definite conclusions:—

1. Few people find it possible to save appreciably in a bank account over a period of years as their money is too available. Nor is this a first class investment.

2. Nurses cannot save a definite sum weekly or monthly in any investment as they are paid so irregularly.

(Concluded on page 586)

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Chairman's Address

Tendencies in Public Health Nursing, Present and Future

The last decade has witnessed marked advancement in the nursing profession in Canada. In a peculiar sense that is true of the newest branch, public health nursing. During that period, resultant upon discoveries in medical science, and facts made known during the great war, the public health nurse has not only found a place in our communities, but through conscientious effort and the power of adaptability has become firmly established as an indispensable worker in the field of preventive medicine. Further, the progressive health administrator of today knows that a considerable percentage of his budget must be devoted to public health nursing if educational work is to be effective.

Let us consider now five trends which have characterized public health nursing in our country during the past two years; first, the emphasis placed on refinement of method; second, the attention given to the health of the normal of all age groups; third, the effort made to obtain the further co-operation of individuals and groups in the community; fourth, the increased recognition of the need for special training; and, fifth, the broadening of professional relationships.

1. The emphasis placed on refinement of method: Since the function of the public health nurse has been clearly defined and is increasingly understood, and since economic conditions, in recent years, have made large additions to staff prohibitive, the attention of leaders in public health nursing has been turned toward a calm but purposeful consideration of refinement of method. There has been a tendency to make a careful analysis of daily work in an effort to reach conclusions regarding the relative value of activities carried on in schools, clinics, homes and in industry. In many organizations improvement has been made in record forms and in the type of annotations made. Supervisors, too, are giving increased attention to methods and technique and to a well-rounded development of the nurses responsible to them. Staff nurses themselves are considering the day's work with an open mind, and with suggestions made possible through experience, are aiding in the selection of activities and in the improvement of the quality of work done. We may conclude then that public health nurses, generally, are approaching their problems with a scientific attitude, and are solving them through a careful weighing of values made possible through experimentation.

2. The attention given to the health of the normal of all age groups: While it is true that certain activities of the public health nurse are directed toward the **regaining** of the normal health of individuals, it is equally true that primarily her interest is centred in **preserving** the health of those in her community who are physically and mentally normal. This point of view has been so accentuated in recent years that more and more the public health nurse is realizing that with the normal family lies her greatest opportunity. To the well-known aims of public health work, namely, the prevention of disease and the enhancement of health, Sir Arthur Newsholme has added a third, the cultivation of the complete being of man. The public health nurse should be interested not only in the physical health of the normal individual, but in his mental and moral health as well. Florence Nightingale truly said "Health is the ability to use well every power we have." The attention of the health worker today is turned to the yearly physical examination of the apparently normal adult, to the complete physical examination of the school child, the pre-school child, the infant, and the mother-to-be Through nursery schools and habit clinics the mental hygienist is endeavouring to determine the attitudes and behaviour of the normal child in order to show parents and health workers how that normal may be preserved, or, if need be, regained.

For the carrying out of such a programme we are largely dependent on the private physician, therefore, I cannot over-emphasise the importance of our relationship to him. In an address delivered at the first American Health Congress held recently at Atlantic City, Dr. Clarence Selby, president of the Ohio State Medical Association, representing the medical profession of his country, said that he hoped leadership in health work would return to, and remain with, not one branch of his profession but with the medical profession as a whole. The public health nurse who cannot, or does not, successfully interpret her work to the private physician and so enlist his good will and co-operation is limiting her accomplishments to a lamentable degree.

3. The effort made to obtain the further co-operation of individuals and groups in the community: As a result of the tendency toward a careful analysis of daily work and an increased consideration of the health needs of the normal individual, a third

trend has been apparent, namely, the effort made to make such a programme possible through promoting co-operation with nursing and other community groups. There has been in recent years a feeling of interdependence evidenced by public health nursing groups and a growing tendency to feel that, if the leadership of the Medical Officer of Health of a given community is to be effective, all workers are needed, whether employed by public or private agencies. Given an unlimited task and limited personnel with which to accomplish that task, the public health nursing administrator has been forced to seek more diligently the help of all those interested in community welfare.

Such endeavour has resulted in increased participation of the grade teacher. The volunteer worker, too, has proved to be a worthy ally. Through assisting at Child Health Centres, through providing transportation for clinic patients and through the making of layettes, she is rendering signal service. The lay worker is also becoming increasingly prominent, and we predict that in future she will find a still larger place in health work. Altogether a concerted effort is being made to foster the sympathetic co-operation of all interested in community betterment so that a health consciousness may be created which will make permanent work already established and insure adequate support for new activities in years to come.

The relation of the public health nurse to the social worker is a problem receiving the attention of leaders in the public health field. In the well-organized urban community what cases should be referred to the social worker? If turned over to her, should the nurse relinquish entire responsibility? What procedure should be adopted in the rural community where no social worker is available? I shall not attempt to answer these questions but suggest that a joint committee representing workers from both professional groups might study the problem and submit their findings.

4. The increased realization of the need for special training: Because of the nature and variety of demands made upon her, the public health nurse, specialist that she is, is feeling more keenly the need for special training. The average citizen of today is becoming sufficiently informed to demand an accurate presentation not only of the health need but of its possible solution. To personality must be added training; training through which she shall acquire knowledge concerning the underlying principles of preventive work and an ability to impart that knowledge

Slowly we are recognizing the fact that in the institutional nurse and the private duty nurse we have potential health workers. Efforts are being made to give all nurses in training the public health viewpoint, so that upon graduation they too may have a part in the betterment of community health. To the directors of Public Health Nursing courses we must look for leadership in the type of training given in preparation for public health nursing. It would seem, however, that in future the greatest need of our country will be for young women with capacity and training for leadership; young women capable of developing work in small towns and rural communities, having an appreciation of the possibilities of purely educational activities as well as an understanding of the part which bedside care on a visiting basis must play in any well-rounded health programme.

5. The broadening of professional relationships: The creation of a public health nursing section of the Canadian Public Health Association has made possible an exchange of viewpoint with other groups in the field of preventive medicine, and has given public health nurses a definite professional standing in relation to other health workers. Such a section tends toward a better understanding of mutual relationships and affords one more opportunity for obtaining inspiration for the day's work.

The past two years have witnessed the development of the Public Health Section of the Canadian Nurses Association. Through provincial sections or committees and standing and special committees much has been accomplished. Of that you will hear in detail. Then, too, international relationships have been strengthened. Through our Education Committee we have had helpful contact with the Education Committee of the National Organization for Public Health Nursing of the United States of America. With the formation of a public health committee of the International Council of Nurses, including representation from Canada, we shall be kept in touch with public health nursing in the countries affiliated with that organization.

The relationship existing between the Executive of the parent Association and the officers of the Public Health Section has been ideal. As much can be said of our relation to sister Sections and of the loyal and co-operative spirit evidenced by our own executive. I would mention particularly the spontaneous and untiring service of our retiring Secretary. For the new officers I bespeak the continued whole-hearted support of each member of the Section, and can only hope they may have reason to feel as indebted to the Section as does the retiring Chairman.

In the future development of public health nursing in Canada, may we adhere to the tradition of variety of effort rather than standardization of method. May we find our task alluring and satisfying because of its opportunities for service and the contribution which each may make to the moulding of future policies. May we strive for the highest ideals of our profession with an optimistic but scientific outlook, willing to experiment in order to conserve that which is best

(Signed) FLORENCE H. M. EMORY.

Reports of Committees

Publication Committee

I herewith submit the report of the Publications Committee of the Public Health Section of the Canadian Nurses Association.

The committee appointed to procure material for our section of The Canadian Nurse consists of a representative from each province, who is responsible for obtaining and sending in articles of interest to our readers.

Since October, 1924, we have had contributed articles from the various provinces as follows:

Prince Edward Island	1
Nova Scotia	0
New Brunswick	1
Quebec	2
Ontario	8
Manitoba	5
Saskatchewan	0
Alberta	1
British Columbia	6

In addition to these original articles your Committee has been forced to publish 12 reprints in order to have sufficient material for our section of the magazine.

If our section of the magazine is to be of real value and help to public health nurses, then each nurse must take a greater personal interest in obtaining and contributing original articles for publication. Without more help from individual members, your committee cannot hope for any greater success in the future than in the past.

Respectfully submitted,

ELSIE J. WILSON, Convener.

Exhibits Committee

I herewith submit the report of the Exhibit Committee of the Public Health Section of the Canadian Nurses' Association. In January, 1925, the executive decided we should have a Public Health Exhibit at the International Council of Nurses at Helsingfors, and a committee was appointed consisting of a representative from each province.

Due to efforts of the members of the committee, the activities of each province were shown in the exhibit; the Federal Department of Health, the Junior Red Cross of Canada, the Victorian Order of Nurses and the Canadian Anti-Tuberculosis Society were also represented.

The thanks of the committee are due Miss Hersey and Miss Moag, who undertook the arduous task of assembling the material and sending it to Helsingfors, and who were also responsible for re-packing and returning the material to the various organizations.

The same committee has undertaken to provide an exhibit for the Canadian Nurses Association General Meeting being held in August this year.

Respectfully submitted,

ELSIE J. WILSON, Convener.

Membership Committee

In presenting the report of your Membership Committee during the past two years, I have to state that our work has not proved as satisfactory as we had hoped. Preparatory to a campaign for increasing our membership we planned to print a pamphlet to be distributed among members of our profession throughout Canada who are eligible for membership in the Public Health Section of the Canadian Nurses Association, but it was decided when our pamphlet was ready for printing that we had not the necessary funds to do so ($40.00 per 1,000 copies).

The pamphlet we had prepared in tentative form includes an organization chart of the Public Health Section of the C.N.A. indicating clearly the relationship of its various standing committees as well as the relationship of the Provincial Public Health Committees to the Executive Committee of the Public Health Section of the C.N.A. It also includes the by-laws of the Public Health Section, activities of committees and lastly suggests reasons why public health nurses should belong to the Public Health Section. Finally an invitation was given to become a member, with directions about applying, to the nurse who represents the Membership Committee in the province, a list of these members being attached.

I am now going to read you suggestions received from members of my committee representing the following provinces:

(1) Manitoba—That the pamphlet should be published in The Canadian Nurse, thus saving the cost of printing it in pamphlet form.

(2) Ontario—That in future the members of the National Committee for Public Health membership would be composed of those holding a similar position in their own province, thus avoiding duplication of effort.

(3) British Columbia—That in the matter of membership cards, the suggestion is made that each member keep her own card, and that a duplicate card be forwarded the secretary of the Public Health Section of the Canadian Nurses Association.

It would appear that a number of the provinces feel that as they have their Provincial Public Health Section organized the matter of enrolling members becomes a provincial responsibility entirely, and when accomplished the work of enrolling members for the National Public Health Section is automatically done. Under these circumstances, I think we might properly discuss the advisability of having a National Membership Committee at all, and, if so, the need for printing and distributing a pamphlet such as the one described.

BERTHA E. HALL, Convener.

Library Committee

I beg to submit the report of the Library Committee appointed to formulate a plan to establish a Public Health Nursing Library at the National Office, in accordance with the motion passed at the 1924 Convention.

The committee (composed of a representative from each province) was appointed by each Provincial Public Health Section as follows:

Miss H. G. MacKenzie	Nova Scotia
Miss Muriel Martin	Quebec
Miss Ella Jamieson	Ontario
Miss Nora Armstrong	Saskatchewan
Miss Jessie Chinneck	Alberta
Miss Anna E. Wells, Convener	Manitoba

In outlining a plan it was felt necessary to consider—

(a) Amount of grant from the National Public Health Section.

(b) Method of collection of library material.

(c) Method of operation.

In brief, suggestions have been received as follows:

(a) 1. That a yearly grant of $50.00 (fifty dollars) from the National Public Health Section of the Canadian Nurses Association be given to keep the library up-to-date.

2. Some of the proposed grant to be used in the purchase of books for review.

(b) To have different members of the executive of the C.N.A. delegated to review some of the publications with the request that the book reviewed be placed in the reference library. No doubt some copies might be obtained gratuitously in this way.

(c) 1. To establish a lending library at the National Office.

2. To establish branch libraries so that books would be available to all members.

3. That the first attempt be to establish a reference library.

4. New publications on public health (inclusive of all branches) to be reviewed and the Review published in the Public Health Nursing Department of The Canadian Nurse.

5. To have two copies of some of the most worth-while books so that one could be lent, if preparation of addresses or information were needed. In such event, would have a time limit for its being out.

To co-relate the suggestions received, into a workable plan, the following outline has been proposed:

(a) Grant—To make a request for an annual grant of fifty dollars from the National Public Health Section, to be used for the purchase of library material, and the maintenance of the library department.

(b) Collection of library material.

1. Through the Public Health Nursing Department in The Canadian Nurse—

To make a request for donations of current material.

To acknowledge donations received.

To publish a bibliography of new publications of interest to public health nurses, and a review of such publications that are of value to public health nurses.

2. Obtain free publications from health and welfare organizations.

3. Purchase standard text books and pamphlets. A wealth of material can be obtained at a very low cost from the various health organizations and bureaus.

(c) Operation—That the Executive Secretary of the C.N.A. be appointed as librarian. That a small active committee be appointed near the National Office together with a representative from each Provincial Public Health Section to act in an advisory capacity for the purpose of:

Selecting library material.

Recording donations and purchases to be made known through the Public Health Nursing Department of The Canadian Nurse.

Preparing bibliography and reviewing current material of interest to public health nurses.

Drafting regulations governing the use of material from the library.

Rendering report concerning library to National Section at given periods.

Donations have already been received, and free publications have already been forwarded by the Canadian Council on Child Welfare.

At the request of the Convener of Publications, for the Department of Public Health Nursing in The Canadian Nurse a bibliography of current literature of special interest to public health nurses has been prepared from time to time.

Health literature is assuming such large proportions that it now seems to have become a process of choosing the best, rather than of collecting.

In view of the difficulty of obtaining a representative opinion on the question in committee (which has had to function entirely by mail), I wish to recommend that the foregoing outline be considered merely as a guide in determining a plan, and that the question receive full consideration by the National Public Health Section in session, in order that something concrete may be begun in the near future in establishing a Public Health Nursing Library, either at the National Office by the National Public Health Section, or to recommend that a library be established by each Provincial Public Health Section at the office of each Provincial Association of Nurses.

From knowledge of the demands by rural and town nurses for library material and the benefit received, I have no hesitation in making the assertion that the Public Health Section of the C.N.A. can render no more valuable service to public health nurses who have no access to library facilities, than by encouraging this project.

It will guide the nurse in her choice of public health literature, and aid her to keep abreast of the times.

It will help the nurse who finds herself called upon to give community talks, and with no means of reference at hand.

It will help to educate the community indirectly through the nurse.

Respectfully submitted,
ANNA E. WELLS, Convener.

Education Committee

Educational work for Public Health Nurses has not progressed far enough in Canada to present a large field of activity for this Committee. Educational policies and programmes, if wise, must of necessity develop slowly and must also show a great variation in detail in the widely scattered sections of this large country. In the initial stage of this varied development, our Public Health Section, through this Committee can quietly watch and use the small opportunities for service that come within its province, but we do not think that it should be particularly aggressive in character.

One interesting phase of our work during the past two years has been our Conference with the American Committee corresponding to our own, that is the Education Committee of The American National Organization for Public Health Nursing. The latter during recent years has cordially invited us to send a representative to their meetings. In November, 1924, your Committee Convener attended one of those meetings in New York, and in May, 1926, Miss Emory, the Chairman of our section, attended another in Atlantic City as she happened to be in that city at the time of the said meeting. Interesting and profitable conference at these meetings served to emphasize both the similarities and also the differences in our problems, as in some respects there is a marked difference in the development of Public Health Nursing in these two countries. These very differences give added value to the conferences between the two countries. We are grateful to the American Committee for its cordial hospitality and hope that we may soon be able to offer hospitality ourselves. We have forwarded a recommendation to our section concerning our continued attendance at the American meetings.

We have also given some publicity to existing opportunities for training and study. Each year information of this kind has been collected and this year it has been published in our magazine.

On behalf of the Committee,
E. K. RUSSELL, Convener.

Course In Public Health Nursing

Starting with September of this year two alternative courses are offered by the Department of Public Health Nursing of the University of Toronto as methods of preparation for public health nursing. One of these courses is the same as has been given since 1920; the second is a new course offered for the first time and is arranged in affiliation with the School for Nurses, Toronto General Hospital. The entrance requirements for the new course are complete pass matriculation plus honour matriculation in at least two subjects, one of which must be English.

The course requires for completion four years, arranged as follows:

First Year—University of Toronto, 8 months; School for Nurses, Toronto General Hospital, 4 months.

Second Year—School for Nurses, Toronto General Hospital, 12 months.

Third Year—School for Nurses, Toronto General Hospital, 10 months.

Fourth Year—University of Toronto, 10 months.

The work as outlined when completed will qualify the student for the Diploma of the School for Nurses, Toronto General Hospital, with eligibility for registration in the province of Ontario, and the Diploma in Public Health Nursing from the University of Toronto.

Curriculum of the two years' work at the University of Toronto:

First Year—

Biology—Lectures and laboratory work—two terms.

Physiology—Lectures and laboratory work—two terms.

Physics and Chemistry—Elementary science course—Michaelmas term.

English—First year honour course—two terms.

Psychology—Pre-hospital coures:
(a) History of Nursing;
(b) Dietetics;
(c) Possibly other subjects if required for admission to the special course at the hospital.

Second year of the University work, which will be the fourth year of the combined course:

Among others the following subjects will be offered: Preventive Medicine with a laboratory course in Bacteriology; Public Health Nursing; Teaching Methods, Social Science, School Hygiene; Nutrition and Dietetics.

Practical work with public health nursing organizations will be arranged.

The course, covering two years at the Toronto General Hospital, consists of 26 months, two of which will be allowed for holidays.

Theory—The regular lectures now required in the School for Nurses, but omitting those already covered in the preliminary year as offered above by the University.

Practise—The following hospital services will be included:—Medicine, 3 months; Surgery, 3 months; Operating Room, 2 months; Pediatrics, 2 months; Communicable Diseases, 2 months; Out-Patients' Department, 1 month; Social Service Department, 1 month; Obstetrics, 2 months; Tuberculosis, 2 months.

It has been asked many times if this is not the same kind of course that is being offered in five years in a number of university schools of nursing. In answer to that inquiry it should be explained that the purpose and therefore the content of the two are decidedly different. Perhaps the two most significant points of difference are the following:

(1) The new course that is being described is a public health course, every part of it, from the first year to the last, is planned to fit the student for that one field of work. The usual five-year combined university and nursing course, on the contrary, offers two years of general introductory work at the university, two years (approximately) at the hospital school, and then, at the beginning of the fifth year, the student elects any one of several special fields and starts special training for that.

(2) There is no degree offered in connection with this new course. It does, however, qualify the student for the two diplomas named above.

(Continued from page 580)

3. If their savings are not definitely arranged for and locked away in something safe they are almost always at some time or other induced to put much or all of it into something at least risky if not totally "wild-cat."

4. Unless they are tied up to a contract of some sort their saving is bound to be desultory and feeble.

5. On the other hand, if they contract for a half-yearly saving in an Endowment Policy this objective keeps them keenly interested, alert, gives them a sense of security and greatly increases their self-respect. The element of complete safety frees them from all care regarding their investment, and added to this is the provision for borrowing in emergency, and also the fact that this is the only form of saving in the world which gives the whole face value of their investment to their best loved should they not live to save the amount.

Undoubtedly securing herself with a five thousand dollar endowment bond with a Life Insurance Company is an ideal method of saving for the trained nurse.

Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

Affiliation

By KATHLEEN V. DOUCETTE, Class 1927, Victoria Public Hospital
Fredericton, N.B.

To affiliate—to unite—to work together, with one aim in view. In these modern times, when Brotherhood movements are advocated from religious and secular platforms we hear much of the need of being **united**—of going hand in hand together, for is not union "strength?"

We, as nurses, unite to exterminate and prevent disease. It is chiefly our fight and we must be educated to that end. This is why the hospitals, in which we receive our training, affiliate to broaden our education. When one hospital lacks the facility for a certain branch, another can provide it. Chiefly at present we are concerned with the dreaded disease, tuberculosis. We did not realize until a few years ago how it stalks our land, especially our fair New Brunswick. There were those who were wide awake, however, and the East St. John County Hospital was erected to care for those who had been assailed, and also to sound the warning note, that others might heed before it was too late.

Through the efforts of Lady Tilley, on June 21st, 1887, the corner stone was laid for the erection of a Public Hospital at Fredericton, N.B., and which was opened one year later to the public. It was then known as the Victoria Cottage Hospital. Today it has annexed to it the Fraser Memorial Hospital, and carries on under the name, Victoria Public Hospital. It contains 80 beds, providing for medical, surgical, obstetrical, and contagious patients.

Feeling that our training in surgical nursing over-balanced what we received in medical training, and ever ready to fall in with the march of progress, our superintendent readily listened to the suggestion made by the department of Public Health Nursing Service, that affiliation be made between the Nurses' Training Schools of New Brunswick and St John County Hospital. This was in 1922, but not until 1925 did the idea materialize. In the meantime much correspondence was carried on and many plans discussed, and finally satisfactory arrangements were made. Our hospital insisted on certain standards of instruction, etc., and the medical superintendent of the County Hospital spared no effort to provide a course equal to any. The Canadian Nurses Association, the Canadian Tuberculosis Association, and the New Brunswick Association of Registered Nurses all recommended a three months' course, and this is provided with a course of lectures similar to that given to affiliates and post graduates in the largest and best Tuberculosis Hospitals on the continent.

Finally, on March 31, 1925, our first two nurses left for St. John.

This was indeed a field of adventure for us, as we have no other affiliation. When one thinks of a sanitorium, one naturally thinks of sunshine, but there was not much sunshine in St. John that day. It was cold and rainy, the winter snow just melting. The hospital looked depressed as though carrying a heavy load. But, as we all soon found out, if the hospital did look dreary on the outside sometimes, there was a great deal of sunshine within at all times. It was surprising to see the lightheartedness of the patients; always ready to give one a cheery word and a smile.

The hospital contains 125 beds, including 20 children's beds. The course of instruction consists of lectures and classes. The lectures include history, pathology, types, symptoms, diagnosis, treatment, complications and economic aspects of tuberculosis. We spent one week in the operating room and laboratory, which proved to be very interesting. But I think the most interesting feature was our week spent at the free dispensary. We were expected to learn much in this week, and in visiting the homes we soon became aware that tuberculosis is common among the poor, and increases with overcrowded conditions and poverty. This was the saddest part of our work too, for perhaps we would visit a home with every possible luxury, and probably only a block away, a home without the barest necessities. We also observed the close co-operation between the Board of Health and the Tuberculosis Association.

It was interesting to see how the patients lived "by the clock," rising, taking nourishment, rest hour, exercise, and treatments, just at the correct time, and indeed their faithfulness did not go unrewarded.

The Hospital Entertaining Committee has entertainments at least once a week for the patients, such as concerts and motion pictures. A radio also has connection with each patient's room, and this is very much enjoyed.

In planning for the care and entertainment of the patients, the nurses were not forgotten. A Nurses' Home, with every comfort and convenience a nurse could wish, is provided, and periodically entertainments are given. Here in the Nurses' Home, where we live for three months with nurses from the different hospitals of New Brunswick and Nova Scotia, our ideas of nursing and nurses cannot help but be broadened.

We soon realized how much the training did broaden our view, for I think almost every nurse who goes there, at the end of the first month, thinks she has learned all there is to learn. At the end of the second month she realizes she still has something to learn, and at the end of three months realizes she is only beginning to learn.

We also realized if the war against the Great White Plague is to be won, we must be trained in that special field, and I am sure the nurses of New Brunswick and Nova Scotia, when the time comes for them to put into practise what they have been taught, will look back with pride and appreciation on our training received at the St. John County Hospital.

It Can Be Done

By HARRIET BOYES, Brandon General Hospital, Brandon, Man

At the beginning of the 1925 term the students of the Brandon General Hospital felt that they wanted to do something to make the year a success. At the first meeting of the student body it was planned to take as an objective the repair of the piano in the nurses' residence. It was suggested that a bazaar be held as a means for raising the required funds.

At first the idea of a bazaar did not make a very strong appeal; and the majority felt that such an attempt could only end in failure. But "where there's a will, there's a way," and very soon everyone was busy working to make the bazaar one of the best.

Of course the bazaar was a much-talked-of affair and every day the pretty things kept pouring in. Patients, too, were keenly interested and helped the students with suggestions and work. Numerous donations of chickens, pickles, preserves and home cooking from patients and friends were received.

The bazaar was held in the lounge of the residence, which was beautifully decorated for the occasion in mauve and white. The booths were arranged around the room while the tea table made an attractive centre. The spacious corridors were used as tea rooms, where friends could refresh themselves with tea after their shopping expedition.

Needless to say the noisiest corner of the room held the fish pond from which every angler caught a fish.

Off in the corner sat the little palmist who was kept very busy telling the past, present and future of the ladies and gentlemen present.

The student body president had made a beautiful comforter and the week prior to the bazaar it had been placed on display in one of the down town stores. Tickets were sold and the lucky number drawn the evening of the bazaar.

The bazaar was well patronized by the citizens of Brandon and surrounding districts. Among those present were graduate nurses of long ago who came to show that their interest in the profession and the activities of present day nurses was not lost.

When the bazaar was over and the money of the day counted, the proceeds far exceeded the expectations. Instead of repairing the old piano, a new Heintzman was purchased, which proved that the word "can't" is not recognized by the nurses of the good old B.G.H.

Under the title "The Nursing Sisters' Last Parade," the October number of Willisons Monthly gives a most graphic and thrilling account of the Unveiling Ceremony of the Canadian Nurses' Memorial at Ottawa on August 24th, 1926, together with a photograph of "the last parade." Those of our readers who are able to obtain a copy of this issue will greatly appreciate it as one of their treasured souvenirs of that memorable occasion to Canadian Nurses.

A limited number of copies of The Canadian Nurse for October, 1926, are available. This number contains the official reports of the general meeting, Canadian Nurses Association, 1926, and of the Unveiling of the Memorial to Canadian Nursing Sisters.

On the following pages appear lists of matrons and nursing sisters who attended the unveiling of the Memorial at Ottawa on August 24th, 1926. The present address of each one who registered is included in these lists. This information may be of value to some of our readers.

Name	Rank	Dates of Service	Unit	Present Address
Maud McCarthy	Late Matron in-Chief. British Armies in France	1899–1914 1914–1919	Queen Alexandra's Nursing Service	47 Markham Sq., Chelsea, S.W. 3, London, Eng.
Margaret Macdonald	Matron-in-Chief	1900–1907	C.A.M.C. Nursing Service	Bailey's Brook, N.S.
Edith C. Rayside	Matron-in-Chief	1914–1920	C.A.M.C.	Hamilton General Hospital.
M. Olive Boulter	Matron	1914–1919	C.A.M.C.	St. Catharines, Ont.
Katherine O. MacLatchy	Matron	1915–1919	No. 3 Can. Gen. Hospital	Military Hospital, Halifax, N.S.
Gertrude P. Garvin	Matron	1918–1919	Base 214, France, A.E.F.	Isolation Hospital, Ottawa, Ont.
Annie J. Hartly	Matron	1915–1919	No. 4 Can. Gen. Hospital	Christie St. Hospital, Toronto, Ont.
Jean Matheson	Matron	1915–1919	No. 5 Can. Gen. Hospital	Shaughnessy Hospital, Vancouver, B.C.
S. E. Young	A/Matron	1918–1919	No. 1 Gen., No. 2 C.C.S., and Tuxedo	The Montreal General Hospital.
L. M. Hubley	Matron	1915–1919	No. 7 Stationary Dalhousie Unit	Military Hospital, Halifax, N.S.
S. Persis (Johnson) Darrach	A/Matron	1915–1919	No. 1 Can. C.C.S.	Brandon, Man.
Ann M. Forrest	N/S	1915–1919	No. 3 C.C.S.	Queen Alexandra Sanitarium, London, Ont.
Eleanor McPhedran	N/S	1917–1919	No. 2 General Hospital	Central Alberta Sanitarium, Calgary, Alta.
Laura A. Gamble	N/S	1915–1920	No. 4 Can. Gen. Hospital	Olean, N.Y., U.S.A.
S. Agnes Campbell	N/S	1915–1922	No. 4 Can. Gen. Hospital	City Hospital, Saskatoon, Sask.
Beatrice Casgrain	N/S	1915–1919	No. 1 Can. Gen. Hospital	Cornwall, Ont.
Isabel McElroy	N/S	1915–1916	No. 1 Can. Gen. Hospital	Ottawa, Ont.
S. C. MacIsaac	Matron	1916–1919	No. 9 Can. Stat. Hospital	Camp Hill Hospital, Halifax, N.S.
Elizabeth L. Smellie	N/S and A/Matron	1915–1919	C.A.M.C.	323 Jackson Bldg., Ottawa, Ont.
Yvonne Baudry	Matron	1915–1919	No. 6 Can. Gen. Hospital	Ottawa, Ont.
C. Ethel Greenwood	N/S	1914–1919	No. 2 Can. Gen. Hospital	Victorian Order of Nurses, Toronto, Ont.
Janet M. Williamson	N/S	1917–1919	No. 1 Can. Gen. Hospital	Asst. Supt., Isolation Hospital, Ottawa, Ont.
Annie V. McNicol	N/S	1915–1919	No. 2 Can. Gen. Hospital	Ottawa, Ont.
Annie M. Macdonald	N/S	1917–1919	No. 2 Can. Gen. Hospital	Alexandria, Ont.
L. Gregory-Allen	N/S	1916–1919	No. 9 Can. Stat. Hospital	1743 Pembroke St., Victoria, B.C.
Annie Lewis McPhee	N/S	1916–1919	No. 10 Can. Stat. Hospital	Alexandria, Ont.
E. Pearl Simmons	N/S	1919–1919	C.A.M.C. Reform Unit	Christie St. Hospital, Toronto, Ont.
Violet E. Young	N/S	1917–1919	C.A.M.C. Reform Unit	Christie St. Hospital, Toronto, Ont.
Alice Torr	N/S	1916–1920	C.A.M.C. and Q.A.I.M.N.S.R.	Christie St. Hospital, Toronto, Ont.
Ellen B. Seaman	N/S	1915–1919	Q.A.I.M.N.S.R. and C.A.M.C.	46 Bishop St., Montreal, Que.
Katherine E. Bardin	N/S	1915–1919	No. 2 Can. Gen. Hospital	Christie St. Hospital, Toronto, Ont.
Harriet T. Meiklejohn	N/S	1916–1920	C.A.M.C.	St. Catharines General Hospital.
Edith E. Scott	N/S	1916–1920	No. 16 Can. Gen. Hospital	156 Evelyn Crescent, Toronto, Ont.
(Mrs.) A. A. Poulton	N/S	1915–1919	C.A.M.C.	214 Gloucester St., Ottawa, Ont.
Margaret Brankin	N/S	1915–1919	C.A.M.C.	158 Irving Ave., Ottawa, Ont.
Ella Drysdale	N/S	1915–1919	C.A.M.C.	329 St. George St., Toronto, Ont.
Florence Hill	N/S	1917–1919	C.A.M.C.	Christie St. Hospital, Toronto, Ont.

Name	Rank	Dates of Service	Unit	Present Address
Mrs. C. H. Dickson (Sister S. J. Robley)	N/S	1915–1919	No. 2 Can. Gen. Hospital	The Roxborough, Ottawa, Ont.
Mrs. H. J. Coghill (E. M. Hambley)	N/S	1914–1915	No. 2 Can. Gen. Hosp.	188 Carling Ave., Ottawa, Ont.
Mrs. B. L. Wickware (E. Muriel Armstrong)	N/S	1915–1918	No. 2 Can. Gen. Hospital	215 Argyle Ave., Ottawa, Ont.
Eva E. Cumbers	N/S	1916–1919	C.A.M.C.	Royal Victoria Hospital, Montreal, P.Q.
Mrs. H. Ernest Carter (Daisy Black)	N/S	1917–1919	C.A.M.C.	22 Alonza Ave., Westboro, Ont.
Mrs. G. J. Bartholomew (Bertha M. Gibbons)	N/S	1915–1919	C.A.M.C.	42 Evans Ave., Toronto, Ont.
A. L. Conroy	N/S	1918–1919	C.A.M.C.	Red Deer, Alta.
Nellie J. Enright	N/S	1915–1919	No. 3 Can. Gen. Hospital	Royal Victoria Hospital, Montreal, P.Q.
Mrs. Basil E. O'Meara (Helen Gleeson)	N/S	1910–1919	No. 6 Can. Gen. Hospital	23 Bellwood Ave., Ottawa, Ont.
Bertha E. Smith	N/S	1916–1917	C.A.M.C.	Kemptville, Ont.
Marion H. Henderson	N/S	1916–1920	C.A.M.C.	D.S.C.R. Hospital, Toronto, Ont.
Mrs. H. A. O'Doherty (Mamie O'Neill)	N/S	1915–1916	C.A.M.C.	355 Second Ave., Ottawa, Ont.
Corrine Grison	N/S	1915–1919	C.A.M.C.	Henry Ford Hospital, Detroit, Mich.
Beatrice Collier	N/S	1915–1916	C.A.M.C.	9 Homewood Ave., Toronto, Ont.
Georgie B. Fraser	N/S	1914–1918	No. 1 Can. Stat. Hosp., C.A.M.C.	173 Woolwich St., Guelph, Ont.
Peggy Chambers	N/S	1916–1918	McGill	The Roxborough, Ottawa, Ont.
Rhoda Schatterd	N/S	1914–1918	No. 1 Can. Gen. Hospital	The Cedars, Aylmer, P.Q.
Nellie Gerrard	N/S	1915–1918	No. 3 Can. Stat. Hospital	Victoria Ave., Windsor, Ont.
Gertrude F. Reid	N/S	1914–1920	No. 1 Can. Gen. Hospital	Prescott, Ont.
Maysel Louie Evans	N/S	1915–1918	No. 1 Can. Gen. Hospital	Prescott, Ont.
Margaret L. Morrison	N/S	1915–1919	No. 1 Can. Gen. Hospital	Lakeside, P.Q.
Mabel O. Hamilton	N/S	1915–1919	No. 3 Can. Stat. Hospital	384 Lisgar St., Ottawa, Ont.
Clare M. Latimer	N/S	1915–1920	No. 3 Can. Stat. Hospital	370 Frank St., Ottawa, Ont.
Mrs. J. E. Kane (Leonera Roso)	N/S	1916–1919	Orpington Hospital	Kingston, Ont.
Grace B. Billings	N/S	1916–1919	No. 7 Can. Gen. Hospital	Lyn, Ont.
Annie D. McLeod	N/S	1916–1919	C.A.M.C.	Deer Lodge, Winnipeg, Man.
Mary S. Dewar	N/S	1916–1919	C.A.M.C.	S.C.R., St. Anne's, P.Q.
Margaret Meehan	N/S	1917–1919	C.A.M.C.	753 Wolseley Ave., Winnipeg, Man.
M. E. O'Reilly	N/S	1914–1919	C.A.M.C.	283 Nelson St., Ottawa, Ont.
Frances E. Miller, R.R.C.	N/S	1915–1919	C.A.M.C. and No. 7 Can. Gen.	Royal Ottawa Sanitarium.
Lillian Connerty	N/S	1915–1919	C.A.M.C.	St. Anne de Bellevue, P.Q.
Naomi F. Meiklejohn	N/S	1914–1919	C.A.M.C., 1st Stat. Can. Hosp.tal	316 St. George St., Toronto, Ont.
Mrs. C. A. Young	N/S	1914–1916	No. 2 Can. Stat. Hospital	283 MacLaren St., Ottawa. Ont.

Name	Rank	Dates of Service	Unit	Present Address
Beatrice Armitage Dixon	N/S	1914–1916	No. 3 Can. Gen. Hospital	234 1st St., Medicine Hat, Alta.
C. Donnelly	N/S	1915–1919	C.A.M.C., No. 1 Can. Gen. Hosp.	St. Anne's Hospital.
Ethel K. Moody	N/S	1915–1919	C.A.M.C., No. 1 Can. Gen. Hosp.	D.S.C.R., St. Annes de Bellevue, P.Q.
B. E. Gaskin	N/S	1916–1919	C.A.M.C.	423 Guy St., Montreal, P.Q.
I. M. Ingraham	N/S	1918–1919	C.A.M.C.	66 Portland Ave., Sherbrooke, P.Q.
P. B. Austin	N/S	1915–1919	No. 4 C.A.M.C.	16 Burnside Ave., Toronto, Ont.
Mary E. Fletcher	N/S	1915–1919	No. 4 C.A.M.C.	217 Rusholme, Rd. Toronto, Ont.
Allison Dickison	N/S	1915–1919	No. 1 Can. Stat. Hosp., C.A.M.C.	Civic Hospital, Ottawa, Ont.
Jessie Sedgewick Rowan	N/S	1915–1919	No. 3 Can. Gen. Hosp., C.A.M.C.	Valleyfield, P.Q.
Eveline Robinson	N/S	1916–1919	Q.A.I.M.N.S.R. and C.A.M.C.	10160 115th St., Edmonton, Alta.
Mrs. H. S. Stewart (Bertha Spearman)	N/S	1916–1919	Q.A.I.M.N.S.R. and C.A.M.C.	112 Pretoria Ave., Ottawa, Ont.
Mary S. Walsh	N/S	1916–1919	C.A.M.C.	3660 Laval Ave., Montreal, Que.
Margaret R. Lynchkey	N/S	1917–1919	No. 15 Can. Gen. Hosp., No. 2 Can. Stat. Hospital	Christie St. Hospital, Toronto, Ont.
Mrs. J. D. Mills (M. Belle McKinnon)	N/S	1916–1919	No. 1 Can. Gen. Hospital, No. 14 Can. Gen. Hospital	Toronto, Ont.
J. McCallum	N/S	1916–1919	No. 10 Can. Stat. Hospital	Christie St. Hospital, Toronto, Ont.
Mrs. H. R. Gerrard (L. Kropl)	N/S	1916–1919	No. 8 Can. Stat. Hospital	104 Glenmount Park Rd., Toronto, Ont.
Pearl L. Morrison	N/S	1916–1919	Q.A.I.M.N.S.R. and C.A.M.C.	McKellar General Hospital, Fort William.
Mrs. Elizabeth F. Jones	N/S	1914–1919	No. 4 Can. Gen. Hosp. & C.A.M.C.	741 Shuter St., Montreal, P.Q.
Eva F. Wilson	N/S	1916–1919	Q.A.I.M.N.S. and C.A.M.C.	Carleton Place, Ont.
Helen M. McMerrick	N/S	1915–1919	F.F.N.C.	19 Poplar Road, Toronto, Ont.
Ida Bull, A.R.R.C.	N/S	1914–1919	23rd Stat. Hosp., Q.A.I.M.N.S.	Victorian Order of Nurses, Montreal, P.Q.
Kathryn C. Bricker	N/S	1916–1919	No. 7 Can. Gen. Hospital	124 James St. E., Brockville, Ont.
Marion N. Campbell	N/S	1915–1918	C.A.M.C.	Cobalt, Ont.
Helen Drummond Jones	N/S	1916–1919	No. 7 Can. Gen. Hospital	165 Cuskins Ave., Toronto, Ont.
Helen D. Shearer	N/S	1916–1919	No. 7 Can. Gen. Hospital	175 Loretta Ave., Toronto, Ont.
Eleanor J. Thompson	N/S	1916–1919	No. 6 Can. Gen. Hospital	Valleyfield, P.Q.
Flora L. Pyke	N/S	1918–1919	No. 2 Can. Gen. Hospital	Apt. 2, 77 St. Luke St., Montreal, P.Q.
Edith I. MacAlpine	N/S	1916–1919	No. 7 Can. Gen. Hospital	619 Bathurst St. T,oronto, Ont.
Emma M. Griffis McGill	N/S	1917–1917	No. 9 Bramshott	1525 32nd Ave., Calgary, Alta.
Flora H. Wylie	N/S	1914–1919	Various	Military Hospital, Cavalry Barracks, St. Johns, P.Q.
A. F. Pearse	N/S	1914–1919	Various	Military Hospital, Kingston, Ont.
Dorothy P. Cotton	N/S	1914–1919	No. 3 Can. Gen. Hospital	581 Sherbrooke St., Montreal, P.Q.
Mrs. R. Hugh Ells (Helena B. McCallum)	N/S	1915–1919	C.A.M.C., No. 4	204 O'Connor St., Ottawa, Ont.
Mrs. R. F. Nicholls (J. Beatrice Smiley)	N/S	1917–1919	C.A.M.C.	11904 100th Ave., Edmonton, Alta.

Name	Rank	Dates of Service	Unit	Present Address
M. I. Grey	N/S	1916–1919	C.A.M.C.	Manotick Station, Ont.
Edith Campbell	Matron	1914–1919	No. 1 Can. Gen. Hosp.	281 Sherbourne St., Toronto, Ont.
Edna C. Duthie	N/S	1917–1919	C.A.M.C.	New Glasgow, N.S.
Irma Van Bockstaele	N/S	1915–1919	C.A.M.C., No. 1 Can. Gen. Hosp.	205 St. Vickers St., Fort William, Ont.
Maud M. Abernethy	N/S	1915–1919	No. 7 Can. Gen. Hospital	178 Ordnance St., Kingston, Ont.
Myrtle McMillen	N/S	1915–1919	No. 7 Can. Gen. Hospital	Port Hope, Ont.
Helen Laurie Smith	N/S	1914–1915	Am. Red Cross	Oakville, Ont.
		1916–1919	C.A.M.C.	
Marguerite Sinclair	N/S	1916–1919	Ontario Government Hospital	37 St. Mark St., Montreal, P.Q.
Eleanor Little Petch	N/S	1915–1919	No. 7 Can. Gen. Hospital	148 Cote St. Antoine Rd., Montreal, P.Q.
Alfreda J. Attrille	N/S	1914–1919	No. 1 Can. Stat. Hospital 5	Ste. 6, Laclede Apts., Winnipeg, Man.
Margaret J. Woods	N/S	1915–1919	No. 3 Can. Gen. Hospital	Coventry Hospital, East St. John, N.B.
Glennie Mayhew	N/S	1915–1919	No. 1 Can. Gen. Hospital	49 Aberdeen St., Quebec City, P.Q.
Margaret Irene Hall	N/S	1914–1919	4th S.G.H., T.A.N.S.	Victoria Hospital, Prince Albert, Sask.
Sheila Ritchie Mingie	N/S	1915–1919	No. 5 Can. Gen. Hosp., C.A.M.C.	845 Pratt Ave., Outremont, P.Q.
Mary E. McLain	N/S	1915–1919	No. 5 Can. Gen. Hosp., C.A.M.C.	Social Service, S.C.R., Vancouver, B.C.
Agnes A. Forbes	N/S	1916–1919	C.A.M.C.	Waterdown, Ont.
Helen Hifferman	N/S	1917–1919	C.A.M.C.	84 James Ave., Toronto, Ont.
Anne Baillie	N/S	1915–1919	No. 7 Can. Gen. Hosp., C.A.M.C.	Kingston General Hospital, Kingston, Ont.
Mabel A. Bouter	N/S	1915–1919	No. 7 Can. Gen. Hosp., C.A.M.C.	General Hospital, Kingston, Ont.
Oliva M. Wilson	N/S	1916–1919	No. 7 Can. Gen. Hosp., C.A.M.C.	General Hospital, Kingston, Ont.
Edith Franks	N/S	1916–1919	No. 8 Can. Stat. Hosp., C.A.M.C.	1541 Gladstone St., Victoria, B.C.
Maude A. Andrews	N/S	1916–1920	No. 8 Can. Stat. Hosp., C.A.M.C.	1043 Green St., San Francisco, Calif.
Nellie Storey	N/S	1916–1919	Q.A.I.M.N.S.R.	Union Hospital, Wadena, Sask.
Anna Gardiner	N/S	1916–1920	French Flag, C.A.M.C.	419 Armadale Ave. Toronto, Ont.
Mary C. McQuaig	N/S	1915–1919	No. 2 Can. Stat. Hospital	Jubilee Hospital, Victoria, B.C.
I. A. McQuaig	N/S	1916–1919	No. 2 Can. Stat. Hospital	Good Samaritan Hospital, Los Angeles, Cal.
A. Maude Stirling	N/S	1915–1919	No. 4 Can. Gen. Hospital	Ontario Gen. Hospital, Owen Sound, Ont.
Maude C. Nash	N/S	1917–1919	No. 13 Can. Gen. Hospital	69 Oriole Road, Toronto, Ont.
Mary E. Sunby	N/S	1916–1919	No. 2 Can. Stationary Hospital	559 Huron Street, Toronto, Ont.
M. G. Colbourne	N/S	1916–1919	No. 7 Can. Gen. Hospital Etaples	169 College St., Toronto, Ont.
Mildred Clarke Scott	N/S	1916–1919	C.A.M.C.	150 Glendale St., Toronto, Ont.
E. Grace Moore Blair	N/S	1916–1919	No. 7 Can. Gen. Hospital	Perth, Ont.
Grace B. Waters	N/S	1916–1919	No. 7 Can. Gen. Hospital	2011 Genessie St., Utica, N.Y., U.S.A.
Elizabeth Regan	N/S	1915–1919	C.A.M.C.	Queen Alexandra San., London, Ont.
Hilda M. Stuart	N/S (Staff Nurse)	1915–1919	Q.A.I.M.N.S.R.&B.R.C.,C.A.M.C.	Victoria Hospital, London, Ont.
J. M. F. Bissell	N/S	1917–1919	C.A.M.C.	Queen Alexandra San., London, Ont.
Josephine S. Little	N/S	1917–1919	C.A.M.C.	Supt., Aged People Home, London, Ont.
Martha S. Sheen (Nee Townsend)	N/S	----------	American Amb., C.A.M.C.	330 Kingswood Rd., Toronto, Ont.
F. Isabel McEwen	N/S	1916–1919	No. 7 Can. Gen. Hospital	Prov. Dept. of Health, Toronto, Ont.

Name	Rank	Dates of Service	Unit	Present Address
M. Gertrude Stovel	N/S	1915–1919	Orpington Military Hospital	Henry Ford Hospital, Detroit, Mich.
Mary E. MacPherson	N/S	1915–1919	No. 2 Can. Gen. Hospital	68 St. Nicholas St., Toronto, Ont.
Margaret Duffield	N/S	1915–1919	No. 2 Can. Stat. Hospital	Institute of Public Health London, Ont.
Louise MacDonald	N/S	1915–1919	No. 2 Can. Gen. Hospital	D.S.C.R., Halifax, N.S.
M. B. MacNeil	N/S	1916–1919	No. 6 Can. Gen. Hospital	D.S.C.R.. Halifax, N.S.
Jane N. Hubley	N/S	1916–1919	C.A.M.C.	Dalhousie Public Health Clinic Halifax.
M. Ethel Morrison	N/S	1915–1920	No. 5 Can. Gen. Hospital	R.M.D. 1., Victoria, B.C.
L. F. Fraser	N/S	1915–1919	C.A.M.C.	325 South St., Halifax, N.S.
Bessie MacMurchy	N/S	1914–1915	French Red Cross	127 South Drive, Toronto, Ont.
Patt Tuckett	N/S	1915–1920	No. 21 Can. General Hospital	53 Indian Rd. Crescent, Toronto, Ont.
Ella Rae-Hirst	N/S	1917–1919	C.A.M.C.	326 Augusta St., Cornwall, Ont.
S. A. Archard	N/S	1916–1919	C.A.M.C.	104 Henry St., Halifax, N.S.
M. MacDonald	N/S	1916–1919	C.A.M.C.	Campbell Hospital, Halifax, N.S.
F. A. Rice	N/S	1916–1919	C.A.M.C.	11 Spring Garden Rd., Halifax, N.S.
A. D. Allan	N/S	1914–1919	C.A.M.C.	City Hospital, Sydney, N.S.
J. C. Cameron	N/S	1916–1919	No. 7 Stationary Hospital	Camp Hill Hospital, Halifax, N.S.
E. Victoria J. Hill	N/S	1916–1919	C.A.M.C.	234 Stramore Blvde., Toronto, Ont.
Hilda H. McDonald	N/S	1915–1919	C.A.M.C.	Truro, N.S.
Mrs. Leoni I. Whitworth Oliver	N/S	1915–1919	No. 5 Canadian Gen. Hospital	29 William St., St. Catharines, Ont.
E. C. McLeod	N/S	1916–1919	No. 3 Can. Gen. Hospital	199 Bloor St., Toronto, Ont.
Mrs. May Bassett	N/S		American Red Cross	57 High Park Blvde., Toronto, Ont.
Emma E. Augustine	N/S	1915–1919	No. 4 Can. Gen. Hospital	Arkona, Ont.
Marjory R. Heeley	N/S	1915–1919	No. 5 Can. Gen. Hospital	111 King St. W., Toronto, Ont.
C. Isabell Stewart	N/S	1915–1920	No. 4 Can. Gen. Hospital	Regina, Sask.
M. Driver	N/S	1915–1920	No. 4 Can. Gen. Hospital	383 Broadview, Toronto, Ont.
A. L. Campbell	N/S	1915–1920	No. 4 Can. Gen. Hospital	Georgetown, Ont.
L. E. Denton	N/S	1916–1920	No. 16 Can. Gen. Hospital	Regina, Sask.
Mrs. R. F. Argue (Annie E. Johnson)	N/S	1915–1918	Q.A.I.M.N.S.	Winnipeg, Man.
Bertha Webber	N/S	1915–1918	No. 7 Can. Gen. Hospital	219 St. Claire Blvde., Hamilton, Ont.
Olive Hartley	N/S	1918–1919	No. 4 Can. Gen. Hospital	Riverdale Hospital, Toronto, Ont.
Mabel G. Lucas	N/S	1915–1919	No. 4 Can. Gen. Hospital	Christie St. Hospital, Toronto, Ont.
Ruby E. Hamilton	Matron	1916–1919	No. 7 Can. Gen. Hospital	Ontario Red Cross, Toronto, Ont.
Vera Norbury	N/S	1915–1920	British Red Cross	Ashbury College, Ottawa, Ont.
Henrietta A. MacKay	N/S	1914–1918	No. 1 Can. Gen. Hospital	12 Hebert St., Quebec, P.Q.
Mary E. Barnhill	N/S	1916–1919	No. 2 Can. Gen. Hospital	Fairville, St. John, N.B.
Mary Forster Bliss	N/S	1915–1918	No. 3 Can. Gen. Hosp. (McGill)	Campbellton, N.B.
Elizabeth Towler (nee Heeney)	N/S	1917–1919	No. 8 Stationary Hospital	178 Albany Ave., Toronto, Ont.
Jessie H. Robertson	N/S	1914–1919	No. 2 Stationary Hospital	Royal Victoria Hospital, Montreal, P.Q.
Charlotte Kettles	N/S	1917–1919		Virden, Man.

Name	Rank	Dates of Service	Unit	Present Address
Catherine E. Irvine	N/S	1916–1919		29 Augusta St., Hamilton, Ont.
Ruth Daure (Mrs. Taylor)	N/S	1916–1919	Etaples No. 2	150 Belmont Ave., Ottawa, Ont.
E. V. Cameron, A.R.R.C.	N/S	1915–1919	No. 3 Can. Stationery Hospital	4311 Pine Crescent, Vancouver, B.C.
Olive M. Rogan	N/S	1917–1919	No. 8 Stationery Hospital, B.E.F.	152 Hinton Ave., Ottawa, Ont.
Mercie I. Grey	N/S	1917–1919	No. 10 Can. Gen. Hosp., C.A.M.C.	255 Cooper St., Ottawa, Ont.
Mary E. Stevenson	N/S	1916–1919	H.M.M.N.S. Asturias & Lakenham Military Hosp., Norwich, Eng.	323 Jackson Building, Ottawa, Ont.
Christina M. Watling	N/S	1915–1919	No. 3 Can. Gen. Hospital	29 Pierce St., Montreal, P.Q.
Ruth Loggie	N/S	1915–1919	No. 3 Can. Gen. Hospital	132 Crescent St., Montreal, P.Q.
Elizabeth A. Pontin	N/S	1914–1919	No. 2 Can. Gen. Hospital	35 Chromerty St., Montreal, P.Q.
Lucy E. Sutton	N/S	1918–1919	No. 15 Can. Gen. Hospital	1 Hope Ave., Montreal, P.Q.
Elleda B. Walsh	N/S	1916–1919	No. 1 Can. Gen. Hosp., C.A.M.C., B.E.F.	317 Margaret Ave., Peterboro, Ont.
Charlotte I. Nixon	N/S	1915–1919	No. 2 Can. Gen. Hospital	330 Old Orchard Ave., Montreal, P.Q.
Mary A. Moore	S/N	1916–1919	Q.A.I.M.N.S.R.	24 Wilcocks St., Toronto, Ont.
Otrie FitzGibbon	N/S	1915–1919	No. 5 Can. Gen. Hospital	St. Mary's Hospital, Montreal, P.Q.
Elizabeth Shortreed	N/S	1918–1919	B.H. 64, U.S.A.N.C.	General Hospital, Guelph, Ont.
Mabel King	N/S	1916–1919	No. 10 Can. Gen. Hospital	Loridin, Ont.
H. Elizabeth Dulmage	Matron	1916–1919	No. 10 Etaples Hospital	Loridin, Ont.
Mrs. C. J. Coyle (Leone Mosey)	N/S	1917–1919	No. 15 Can. Gen. Hospital	Chatham, Ont.
M. Ethel Davidson	N/S	1914–1919	No. 15 Can. Gen. Hosp., No. 4 Can. Gen. Hospital	563 Park St., Peterboro, Ont.
E. Frances Upton	N/S	1915–1919	No. 1 Can. Stationary Hospital	Laurentian Sanatorium, Ste. Agathe, Des-Monts, Que.
E. E. Fraser	N/S	1915–1918	No. 4 Can. Gen. Hospital	Toronto, Ont.
Eva Dunn	N/S	1915–1919	No. 4 Can. Gen. Hospital	4 Chicora Ave., Toronto, Ont.
V. C. Nesbitt	Matron	1914–1919	No. 1 Can. Gen. Hospital	446 West 20 St., New York City.
E. Cryderman	N/S	1917–1919	No. 1 Can. Gen. Hospital	439 Sherbourne St., Toronto, Ont.
Maude E. Wilkinson	N/S	1915–1919	No. 4 General Hospital	St. James Court, St. Claire Ave., Toronto.
Maude M. Alright	N/S	1915–1919	No. 3 Can. Gen. Hospital	Royal Victoria Hospital, Montreal, P.Q.
B. Willoughby	Matron	1914–1919	No. 7 Can. Gen. Hospital	General Hospital, Kingston, Ont.
Elizabeth Le Roy	N/S	1915–1919	No. 14 Stat. Hospital and No. 10 Stat. Hospital	Ottawa, Ont.
Frances McNally	N/S	1915–1918	No. 14 Can. Stat. Hospital & 20 C.C.S.	Ottawa, Ont.
Laura Robinson	N/S	1915–1919	No. 2 Can. Gen. Hospital	Detroit, Mich., U.S.A.
Margaret J. Riddle	N/S	1915–1919	No. 2 Can. Gen. Hospital, No. 2 C.C.S.	Toronto, Ont.

Name	Rank	Dates of Service	Unit	Present Address
Theodora A. MacKie A.R.R.C.	N/S	1914–1919	No. 2 Can. Gen. Hospital	Lunenburg, N.S.
Annie B. Riley	N/S	1916–1919	No. 16 Can. Gen. Hospital, No. 1 France	Box 320, Hamilton, Ont.
M. M. O'Donnell	N/S	1916–1919	No. 16 Can. Gen Hospital, No. 7 France	Hamilton, Ont.
B. V. Hughes	N/S	1916–1919		Civic Hospital, Ottawa, Ont.
Catherine Lawrence	N/S	1916–1919	No. 16 Can. Gen. Hospital	Owen Sound, Ont.
Marion E. Price	N/S	1915–1919	No. 1 Can. Gen. Hospital	Victoria Hospital, London, Ont.
Edna M. Davis	N/S	1917–1919	No. 7 Can. Gen. Hospital	Brockville, Butternut Bay, Ont.
E. G. Eagleson	N/S	1917–1919	No. 7 Can. Gen. Hospital	Ottawa, Ont.
Mrs. Ernest Fry (nee F. O. Hayden)	N/S	1916–1919	Attached, No. 16 Orpington	Toronto, Ont.
Agnes O. Smith (Wharrey)	N/S	1917–1919	Attached, No. 16 Can. Gen. Hosp.	Ottawa, Ont.
Barbara A. Ross	N/S	1917–1919	No. 16 Can. Gen. Hospital	Toronto, Ont.
Margaret Leamy	N/S	1916–1919	No. 6 Can. Gen. Hospital	Ottawa, Ont.
R. O. Pinhey	N/S	1916–1917	No. 16 Can. Gen. Hospital	Dunrobin, R.R.I., Ont.
Mary Darling	N/S	1915–1917	No. 4 Can. Gen. Hospital	Toronto, Ont.
Lillian Galbraith	N/S	1915–1919	No. 4 Can. Gen. Hospital	Toronto. Ont.
Helen Rankin	N/S	1916–1919	No. 16 Can. Gen. Hospital	Ottawa, Ont.
Mrs. V. R. See	N/S	1916–1918	Q.A.I.M.N.S.R.	Ballina, New South Wales, Australia.
Edna M. Cass	N/S	1916–1920	Orpington	Winchester, Ont.
Dorothy A. Smith	N/S	1916–1919	No. 2 Can. Gen. Hospital	Montreal, P.Q.
Mary Alice Boyce	N/S	1918–1919	Reinforcement No. 3	Victoria, B.C.
Grace Brough	N/S	1918–1919	Voluntary Unit, Belgium	410 Dovercourt Rd., Toronto. Ont.
Margaret L. Moag	N/S	1917–1919	Reinforcement No. 3	Montreal, P.Q.
Grace B. Hiscock	N/S	1915–1918	No. 7 Can. Gen. Hospital	Detroit, Mich., U.S.A.
Bertha E. Hall U.S.A. Army Reserve Nurse	N/S	1918	Unit 93, U.S.A. Army	Ottawa, Ont.
Mattie S. Stewart	N/S	1916–1918	No. 7 Can. Gen. Hospital	Anyox, B.C.
M. Frances Jackson	N/S	1916–1918	Q.A.I.M.N.S.R.	Ottawa, Ont.
A. Ramsay	N/S			London, Ont.
Catherine M. Graham	N/S	1915–1919	Orpington, England	Halifax, N.S.
Mary Josephine Hayden	N/S	1916–1919	Station Hospital	Halifax, N.S.
Martha Sheen (nee Townsend)	N/S	1915–1919	No. 4 Can. Gen. Hospital	Kingswood Rd., Toronto, Ont.

News Notes

ALBERTA

A meeting of the Calgary Association of Graduate Nurses was held in the Y.W.C.A. recently. After the reading of the annual reports of the association the election of officers for the ensuing year took place, with the following results: President, Miss Von Gruenigen; 1st vice-president, Miss Fraser; 2nd vice-president, Miss Nordstron; treasurer, Miss Harriet Ash; rec. secretary, Miss Lindon; cor. secretary, Miss Arnold; convener, Private Duty Nursing section, Miss Bishop.

Members of the Calgary Association of Graduate Nurses will regret to learn of the illness of Miss Hagerman, who has had to undergo an operation in the General Hospital.

BRITISH COLUMBIA

A very hearty welcome was given Dame Maud McCarthy on the occasion of her visit to Vancouver. The provincial Graduate Nurses Association and local associations of nurses entertained her at a well attended reception at Shaughnessy Golf Club. Following the regular monthly meeting of the Vancouver Graduate Nurses Association refreshments were served in the rotunda of the new Nurses' Home, Vancouver General Hospital, and a number of nurses who were unable to be present in the afternoon met Dame Maud. Other entertainments arranged were a dinner given by Miss K. Ellis, Vancouver General Hospital; a luncheon at St. Paul's Hospital with members of the British Columbia Hospital Association; luncheon at the home of Mrs. Shepherd (formerly Miss Hamilton, No. 4 C.G.H.), and Miss Conway Jones, Lulu Island; breakfast at Jericho Country Club and a drive with Mrs. B. D. Gillies, and a visit to Shaughnessy Military Hospital.

Dame Maud was also the guest of the Women's Canadian Club, and the Military Institute and Military Nurses' Club gave a dinner in her honour.

Mrs. M. E. Johnston, who has been ill for several months, is now convalescent and will spend the winter in California.

Miss Kathleen Perrin has been appointed organizer of industrial nursing for the British Columbia Electric Railway Co. in Greater Vancouver.

Miss Helen Connors, Vancouver General Hospital, who has been relieving in the Social Service Department, V.G.H., has joined the staff of the Rotary Clinic.

Miss Stott, formerly superintendent of nurses at the Royal Columbian Hospital, New Westminster, has taken over Bute Street Hospital for one year from Mrs. M. E. Johnston.

Miss H. Bailey, inspector of training schools, New York, was a visitor to the province this month.

Miss Pauline Rose has resigned her position as superintendent of nurses, Nanaimo General Hospital and accepted a similar position in San Bernardino, California.

NEW WESTMINSTER

Miss May Stuart, R.N., of London, Ont., has been appointed superintendent of nurses, the Royal Columbian Hospital.

Miss Reta Moulton, R.N., and Miss Viola Bishop, R.N., have left on a trip around the world.

VANCOUVER

General Hospital

Miss Mabel Pearson and Miss Norma Shaffer, 1924, are doing private duty nursing in Rochester, Minn.

Miss May Neilson, 1924, has recently been appointed assistant superintendent of the White Cross Hospital, Columbus, Ohio, and Miss Mary Lewis, 1924, who has just completed a post-graduate course in Surgery in Cleveland Clinic Hospital, has taken the position of night supervisor in the same institution.

The results of the August, 1926, examination for title of Registered Nurse were as follows:—

Twenty-seven nurses wrote; one total failure, two failed in one subject, and the following passed, given in order of merit: Misses A. L. Ward (St. Paul's Hospital, Vancouver, B.C.); C. Corker (Vancouver General Hospital); L. Lauder (Vancouver General Hospital); Misses G. J. Oddstad, B. Jenkins, I. Feeney, M. G. Hoch, A. Maurice, K. B. Carlin, E. Reilley, E. L. Bigelow, M. Quadrello, F. Trimble, R. Gibbs, M. Upham, M. Murphy, O. Smith, M. Mallett, E. M. McGregor, W. Curnew, C. Roesch, J. Hessey.

Passed Supplemental Examination — Misses L. Wharton, A. Barratt.

MANITOBA

The first meeting of the Brandon Graduate Nurses Association for the season was held in the lecture room of the General Hospital on October 5th, with a large attendance. Plans for the ensuing year were discussed, and Miss Norah Shaughnessy appointed social and programme convener, owing to the impending departure of Miss McAuley for New York.

The report of the convention recently held in Ottawa was given by Mrs. Darrach, with views of the unveiling of the Mem-

orial, of Ottawa, and of the Parliament Buildings illustrated by the projectoscope.

Refreshments, served by the graduate staff of the hospital, brought a pleasant and profitable meeting to a close.

Miss E. Robinson, secretary of the Overseas Sisters Association of Edmonton, was the victim of an unfortunate accident when in Detroit on her return journey from Ottawa. An automobile with defective steering gear ran up on the curb, knocking Miss Robinson down, with severe injury to her knee, as well as other bruises. Miss Robinson is now convalescing at the home of Mrs. (Dr.) C. W. Torrance, and is able to be up on crutches, although still in a cast.

Cupid has been busy depleting the ranks of the graduate nurses and our best wishes are tendered to the Misses Harriet E. Stewart, Mabel E. Box, Florence Crawford, Ida Kirkpatrick, Wilna Ferguson, and Mary Roddick for much happiness in their new spheres.

NEW BRUNSWICK

ST JOHN

Mrs. Frazer, of the staff of the Maternity Wing, Royal Victoria Hospital, Montreal, spent her vacation in St. John.

Mrs. Sharpe, wife of Dr. Harold Sharpe, of Birsay, Sask., has returned to her home after spending three months with friends in Nova Scotia and New Brunswick.

Miss Hazel Richardson, of the nursing staff of the Alexandra Hospital, Montreal, spent her vacation in St. John recently.

Misses Elsie Shaw and Francis Stanley are visiting their parents.

Miss Murdoch, and Miss Barnhill, Nova Scotia, attended the unveiling of the Nurses' Memorial, which brought to mind Miss Anna Stamers, Nova Scotia (General Public Hospital), who lost her life with the sinking of the Llandovery Castle.

ONTARIO

Brantford

The regular meeting of the Brantford General Hospital Alumnae Association was held in the Nurses' Residence on the evening of October 5th, 1926. After business matters were dispensed with, Dr. J. R. Calder gave a very interesting and instructive address on Basal Metabolism, after which Miss M. Straithe, laboratory technician of the Brantford General Hospital, demonstrated the procedure of the test. Several musical numbers were enjoyed, following which a dainty luncheon brought the interesting meeting to a close.

TORONTO

Grace Hospital

The opening meeting of the Alumnae Association was well attended. Mrs. John Gray, president, gave a most interesting and comprehensive report of the biennial meeting, Canadian Nurses Association, at Ottawa. Grace Hospital was well represented at this meeting by the following graduates: Mrs. John Gray, Misses Rowan, Florence Emory, Victoria Hill, Amy Rice, Mabel King, Catherine Lawrence, Arthur, and Jessie Goodman.

Toronto General Hospital

The opening meeting of the Alumnae Association for the year 1926-1927 took the form of a dinner held in the Nurses' Residence on October 6th. Miss Kathleen Russell, president, acted as official hostess and chairman, while Miss Snively and Miss Gunn were honoured guests. Miss Cartwright, dean of St. Hilda's College, was the speaker of the evening, and in a very clear and comprehensive manner explained the origin of the League of Nations and described it as a big educational and co-operative undertaking. Nearly one hundred and fifty nurses were present and to all it will be a memorable occasion. Following the dinner a business meeting was held, and a programme of a most interesting and helpful nature was presented by the convener of the programme committee, Miss Maude Coatsworth. Other committees to carry on the business were appointed, and Mrs. Moore read a report of the 13th convention of the Canadian Nurses Association, held in Ottawa in August.

The following changes have been effected on the staff of the hospital: Miss Margaret Malone, 1925, has been appointed head nurse in "F" operating room (due to the resignation of Miss Nora Huntsman); Miss Edith Jones is now assistant head nurse on the Fourth Floor P.P.P.; Miss Amy White, 1925, is in charge of the First Floor (in the absence of Miss Hurst, who recently underwent an operation); Miss Laura Irwin, 1925, has succeeded Miss Stella Sewell in the private operating room.

Miss Jean Anderson, 1923, who has been in Dr. McDonald's office at St. Catharines for the past three years, has resigned and intends going to New York in the near future. She will be accompanied by Miss Betty Grove.

Miss Clara Vale, 1923, has been appointed to the public health nursing staff, Toronto, in the pre-school division.

Miss Lucy Peters, 1924, has resigned from the staff of the Red Cross Outpost Hospital at Englehart and is taking the course in public health nursing at the University of Toronto. Miss Amy Ruse, 1923, has been appointed to succeed her.

Miss Emily Ferguson, 1923, who has been at New Liskeard, Ont., in the Red Cross Hospital there, has now returned to Toronto.

Miss Laura Manning, 1921, who has been engaged in private duty nursing in Toledo, Ohio, for the past year, has returned to Toronto.

Hospital for Sick Children

The Alumnae Association of the Hospital for Sick Children held its first meeting of the season on October 14th. A short business session was followed by an address by Dr. Margaret Patterson, Toronto's first woman magistrate. On December 9th, Dr. Alan Brown will give an illustrated talk on his medical trip through England, Scotland, Denmark, Switzerland and Germany. This will be given in the lecture room of the hospital. On February 10th, Dr. Maurice Hutton, principal of the new University College, will give an address, while on April 14th Dr. F. N. G. Starr will speak on the subject of Goitre. This promises to be a most interesting series of lectures and it is hoped that each member will attend. At the close of the addresses there will be music and refreshments. The Programme Committee are to be congratulated on their choice of speakers, all of whom are well known, not only in Toronto but throughout the province.

Miss Reta Sutcliffe, 1917, who holds the 1926-7 scholarship from the alumnae, is in Montreal taking the Hospital Administration Course at McGill University. Miss Gibson and Miss Fleming, both winners of scholarships, are attending the Teachers' and Administration Courses at McGill.

Among Hospital for Sick Children graduates who attended the general meeting in Ottawa in August were Misses Austin, Galbraith, Darling, Beith, Ingham, Spence, Ewing, Mrs. T. A. James, and Miss Hamilton—the hospital's first graduate.

Miss Conly, 1918, Miss Watt, 1922, Miss McLaren and Miss Benson, 1924, and Miss Vernon, 1926, are taking the Public Health Course at the University of Toronto.

Miss Constance Proctor and Miss Joan Wertholt, 1926, are in charge of wards at the Shriners' Hospital, Springfield, Mass.

Miss Alice Boxill, 1922, has resumed her duties as social worker.

Miss Janet Calhoun, 1925, has returned to take charge of the Infectious Ward, Hospital for Sick Children.

Recently the opening meeting of the season of the Heather Club Chapter, I.O.D.E., was held at the Nurses' Residence, the regent, Mrs. George D. Porter, presiding. The object of the chapter, it was stated, was to aid in the prevention of tuberculosis in children. The work was begun seventeen years ago by the Alumnae Association of the H.S.C. and during last year 29,000 quarts of milk were distributed, besides special nourishment, baby feedings, etc.

Miss Miriam Gibson, who was in charge of the Island Pavilion, outlined the summer programme. The sun treatment had been largely used and swimming and bathing had been agreeable pastimes. Religious instruction, story hours, hygiene and basketry lessons had been included in the activities of the Pavilion.

Toronto Western Hospital

Mr. and Mrs. Erskine Ogden (Gertrude Daniels, 1919), who have been in Toronto for the past two months, have returned to London, England.

Mrs. Isabelle Dalzell, 1923, has returned from a two months' vacation at her home in Scotland and on the Continent.

Miss Chrissa Black, dietitian at the Western Hospital, is leaving for Montreal, where she has accepted a position with the Sun Life Insurance Company.

The regular monthly meeting of the Alumnae Association was held in the hospital, October 5th. After the routine business was discussed an interesting talk was given by Miss Millman on "The Need of Graduate Nurses' Clubs."

Wellesley Hospital

Miss Francis Clark, 1919, has accepted a position as superintendent of the Barrie Hospital.

Miss E. S. Cowan, 1920, has resigned her position as supervisor in the Wellesley Hospital.

Misses Cornwall and Aitchison, 1923, and Berry, 1925, left recently for Florida, where they will spend the winter.

WINDSOR

The annual meeting of the Essex County Graduate Nurses Association was held on September 16th, 1926, with a fairly large number of members present. The principal subject brought up for consideration was twelve-hour duty for private duty nurses. After discussion of the pros and cons of the shorter hour system it was decided that a special meeting be called for one week later to deal with the matter. Officers for the ensuing year were then elected as follows:—President, Miss H. Mahoney; first vice-president, Miss N. Gerard; secretary, Miss I. Lanney; treasurer, Miss M. A. Finnegan. After passing a vote of thanks to the retiring officers the meeting adjourned to September 23rd. At this meeting the new president took the chair and about thirty-five members were present. Miss Gerard, in dealing with twelve hour duty versus twenty hour duty read an interesting paper from the Registrar of the Central Registry for Nurses, Detroit, who had been asked to be present at this meeting but was prevented from attending through ill-health. The facts and figures presented showed that most of the hospitals in Detroit had adopted the twelve-hour system, but that

it was not compulsory, many nurses still preferring the longer period. The Registrar herself favoured the twelve-hour duty. Each nurse present at the meeting was then given the privilege of expressing her views. The majority favoured the twelve-hour term, only two nurses speaking in favour of the longer period. Thirty-five votes were cast, only five of which were in favour of twenty-hour duty, a result which was greeted by hearty clapping. The twelve-hour system will be adopted in the two hospitals—Grace Hospital and the Hotel Dieu—for private duty nurses on special duty. Twenty-hour duty will be optional for private duty nurses otherwise. The meeting then adjourned until November, when a dinner will be served instead of the usual tea.

QUEBEC

MONTREAL

Montreal General Hospital

Miss Marion Myers, 1926, has taken charge of C and D public wards, M.G.H.

At the September meeting of M.G.H.A.A. interesting reports were given by Misses F. Strumm and C. Watling, delegates to the national convention at Ottawa.

Miss Eleanor Sweanor, 1924, has returned to Montreal from Rochester, N.Y., where she has been nursing since graduation.

Miss L. M. Brissenden, 1917, has charge of one of the floors at the Royal Victoria Montreal Maternity Hospital.

A dinner was given at the Place Viger Hotel by several of class 1925 in honour of Miss Doris Veira, one of the class, who has recently returned to her home in Jamaica.

Miss Helen Peters, 1920, and Miss Martha Harris, 1926, are taking this year's course at McGill University, the former in hospital administration and the latter the course for instructors.

The sympathy of the members is extended to Mrs. Price (nee Sophie Hoerner), of Saranac Lake, N.Y., in the loss of her mother, and to the Misses Evelyn MacGregor and Matilda Shaver, each of whom has lost her father.

Miss Elsa Seveigny, 1919, who has spent the past few years in New Mexico, part of the time on the staff of the American Hospital, is spending her holidays in Montreal and at her home in the Eastern Townships.

Mrs. John Huggins (nee Janet McNab) and her husband, who have charge of a mission at Tula Gamba, North Nigeria, West Africa, expect to return to Canada on leave of absence next March. They are situated very far inland, in charge of a cannibal tribe, and are the only two white people there.

Miss Agnes Jamieson, national convener of publications, Private Duty Section, is looking forward to help from each provincial committee during the next two years.

Western Hospital

Miss Mary McCall, 1912, has been visiting in Montreal following a motor trip from her home in California.

Miss Florence Martin has returned from a visit to her home in Nova Scotia and has resumed her position as night superintendent of the Western Division of the Montreal General Hospital.

Miss Stella Bates has left to join her sister, Miss Edna Bates, in Boston, Mass., where she will engage in private duty nursing.

Miss Margaret Hume has recovered from her recent illness and has resumed her position as nurse-technician in charge of the X-Ray Department of the Western Division of the Montreal General Hospital.

Miss Myrtle McWhinnie, who has been a patient in the Western Division of the Montreal General Hospital, has recently returned to her home at Williamstown, Ont.

The sincere sympathy of the members of the Alumnae Association is extended to Mrs. Rathgeb (Eileen Cunningham) in the loss of her small son, and to Miss M. Hunter in the loss of her mother.

Victorian Order of Nurses

Miss Margaret L. Moag, district superintendent, has been granted extended leave of absence for special study in Public Health and Visiting Nurses Association work in the United States.

Miss O'Callaghan and Miss Reed, members of the local staff, have been granted leave of absence that they may take the course in Public Health Nursing given by the School for Graduate Nurses, McGill University. Both have been awarded the Victorian Order of Nurses' scholarship.

Miss Dorothy Cotton, graduate of the School for Graduate Nurses, McGill University, has accepted a position with the local branch.

Victorian Order of Nurses in Montreal who attended the general meeting of the C.N.A. in Ottawa were: Misses M. L. Moag, E. B. Seaman, M. Nash, D. Cotton, M. S. Walsh, Bull and Galoin.

Mrs. Moses, of the local staff, has been granted indefinite leave of absence to enable her to take a trip to Ireland, on account of illness in her family.

Among the students enrolled at the School for Graduate Nurses, McGill University, this year are Misses D. McDermott, D. McGarogher and Lecompte, all of whom are entering the classes for Public Health Nursing.

Miss Dware, recently in the Welfare Department of the T. Eaton store, Montreal, has accepted a position with the Victorian Order of Nurses in Sherbrooke, P.Q. Miss

Dware was a member of the Montreal staff of the V.O.N. previous to her engagement in industrial nursing.

Miss Sutcliffe, for the past year engaged in Victorian Order work in Sherbrooke, P.Q., has resigned and will take the course in Hospital Administration at the School for Graduate Nurses, McGill University.

SASKATCHEWAN

SASKATOON

To supplement the flower fund for sick nurses a bridge party of seven tables was held at the home of Mrs. Alden Johns, 527 4th Avenue N., on the evening of October 7th, by the Graduate Nurses Association of Saskatoon. The first prize, a silver bon-bon dish, was won by Miss S. A. Campbell, and the second, an embroidered bridge table cloth, by Miss Annie Campbell.

Miss Annie Fentiman (St. Paul's Hospital, Saskatoon, 1923), has returned from a four months' holiday spent in France, Belgium and England.

The officers of the Alumnae Association of the Saskatoon City Hospital are: Hon. president, Mrs. H. N. Lamont; sec.-treas., Miss Flora MacLean; cor. sec., Miss Gretta Monroe; directors, Mrs. W. H. Heddie, Mrs. W. J. Pulley; Educational Committee, Miss Ratcliffe, convener; Social Committee, Mrs. L. Anderson, convener, Mrs. N. K. Thompson, Mrs. G. G. Calder, Miss Gertrude Wallace, Miss Marjorie Chisholm.

Regular meeting: second Monday in each month.

REGINA

It was a real pleasure to the nurses of Saskatchewan to have the honour of entertaining in Regina on the last day of August so distinguished a visitor as Dame Maud McCarthy. During her stay here Dame Maud was the guest of Miss Irene Smith at the General Hospital, who entertained informally at luncheon on the day of her arrival. Later Mrs. W. M. Van Valkenburg invited to meet Dame Maud at tea the executive of the Women's Canadian Club, representatives from the various chapters of the I.O.D.E., Red Cross officials and others. In the evening Dame Maud was the guest of the Saskatchewan Registered Nurses Association at a dinner and reception held in the Parliament Buildings, at which one hundred nurses were present. A visit to the soldiers' wards of the hospitals, to the Junior Red Cross Children's Hospital and a drive around the city completed the visit. It is sincerely hoped that Dame Maud's memory of Regina may be as pleasant as is the nurses' memory of her most charming and delightful personality.

Miss Clarice Smith (Royal Victoria Hospital, Montreal, 1926), has been appointed to the staff of the School Hygiene Branch of the Department of Education, with headquarters at Rosetown.

Miss Rae Chittick (John Hopkins Hospital), who has been with the School Hygiene Branch of the Department of Education, with headquarters at Moose Jaw for the past three years, has been appointed instructor in Health Education for the Alberta Normal Schools and began her new work in Calgary October 1st.

CAMNS

MANITOBA

The executive of the Nursing Sisters' Club entertained in the Oasis tea rooms, Winnipeg, on September 28th, in honour of Mrs. A. Stewart Boa, who is returning to Montreal with her family to reside in future.

Miss A. Chafe, who was quite ill after arriving at Mexico City to take operating room duty, is at work again and enjoys the life.

The Militia Service of the Department of National Defence, Ottawa, wishes to obtain the addresses of the following nursing sisters who have been awarded the Medaille d'Honneur des Epidemics. Anyone who is able to supply the addresses of one or more of these nursing sisters is requested to notify the Director of Records, Militia Service, Department of National Defence, Ottawa:

N/S Mary Willmina Ferguson.
N/S Bertha Fluet.
N/S Alice Edith Isaacson.
N/S Margaret Anna Kennedy.
N/S Gertrude B. Kier.
N/S Alice Lord.
N/S Florestine Michaud.
N/S Gabrielle Pepin.
N/S Florence Estella Perry.
N/S Marie L. D. Riopelle.
N/S Marie Antoinette Sirois.
N/S Annie E. Speafford.
N/S Lucy Isabel Tracey.
N/S Jessie Agnes Tracy.
N/S Laura Maria Terrill.

Miss Lillian Wu, superintendent, School of Nursing, Chinese Red Cross General Hospital, Shanghai, vice-president Nurses Association, China, and Miss Take Hagiwara, matron, Japanese Red Cross Central Hospital, Tokyo, are representing the International Council of Nurses at the Second Oriental Red Cross Conference, which is being held in Tokyo this month. Miss Wu and Miss Hagiwara are among the representatives of international organizations who have been asked to attend in an advisory capacity.

Canadian nurses who attended the recent meeting of the American Hospital Association in Atlantic City held a dinner at which the following were present: Miss Florence Potts; Miss F. Ritchie (Petrolia); Miss E. M. McKee and Mrs. Hanna (Brantford); Misses K. Mathieson, Rowan, Cook and Coulter (Toronto); Misses P. Campbell, F. Murray (Chatham); Miss Louise Dickson (Montreal); Miss Grace Fairley (London, Ont.); Miss K. Frohearn (Springfield, Mass.), and, as a guest, Miss Annette Cowles (Louisville, Kentucky).

An interesting meeting of Canadian delegates was held at which Major Moncrieff presided and Dr. MacEachern and Dr. Haywood spoke. Discussions were along the lines of administration and organization problems in the hospitals of Canada.

BOOK REVIEWS

Talks to Nurses on Dietetics and Dietotherapy, by Ruth Wheeler and Helen Wheeler. Published by W. B. Saunders Co., Philadelphia (1926).

This book will be of great value to the many nurses whose background enables them to understand the principles of diet in health and in disease. These principles are explained in a very clear and interesting manner and there are few schedules such as many text books on dietetics quote at length.

It would serve as a hand-book for internes, especially those whose medical education has not included thorough work along nutrition lines, as well as for the supervising nurse and the student nurse.

MARGARET S. FRASER.

Diet Lists of the Presbyterian Hospital, New York City, third edition; compiled with notes by Herbert S. Carter, A.M., M.D. Published by W. B. Saunders Co., Philadelphia.

In its third edition this book brings routine hospital diets up to date.

E. C. P., Vancouver General Hospital.

MONTREAL GENERAL HOSPITAL A.A.

(Editor's Note: Through an oversight the following report was omitted from the reports of Federated Associations as published in the October number.)

The most notable progress during 1924 was the amendment to the by-laws governing the privileges extended through the Sick Nurses' Benefit Fund, providing monetary assistance to members who were ill but not able to avail themselves of the privilege of a room in hospital. The sum of five dollars per week is allowed for a period of time not exceeding eight weeks in any one year. This arrangement is proving very satisfactory.

The sum of fifty dollars was sent to Mrs. Young, a member who is a medical missionary in Korea, for the purchase of health charts, which were much appreciated and of great value in her work.

In February, 1925, the association gave a "weighing party" for the purpose of raising funds for a teacher's scholarship at the School for Graduate Nurses, McGill University. The amount realized was $650.00, and the scholarship was awarded to Miss Winnifred Cooke, 1924.

In May an At Home was held in honour of Miss Webster, who celebrated her twenty-fifth anniversary as night supervisor of the Montreal General Hospital.

The members of the association took charge of and provided articles for a miscellaneous table at the graduate nurses' bazaar in November, 1925. The proceeds amounted to $788.00.

(Sgd.) E. M. ROBERTSON, Rec. Secy.

OBITUARY

By the death of Miss Elisabeth Grace Flaws at Wellesley Hospital, Toronto, on Tuesday, September 28th, the nursing profession has lost a valued member and faithful friend.

Until December of last year Miss Flaws was on duty as superintendent of the hospital, though failing in health. Since then she had been granted leave of absence with the idea that a rest might enable her to return to duty again. Her health did not improve, though she was able to go about and to receive her friends. With her active interest in the affairs of the profession and of the day, and her tendency always to make the very best of any improvement, it did not seem to her friends that the termination could be so near and her death came as a shock to many.

Miss Flaws was a graduate of Toronto General Hospital and had held the following positions: supervisor in Lakeside Hospital, Cleveland; superintendent of Kingston General Hospital; superintendent of Butterworth Hospital, Grand Rapids, Mich. She was also an active member of the American Red Cross, and during the war was secretary of the Canadian Division of the American Red Cross. During her stay in Michigan, Miss

Flaws was made president of the State Board for Nurses, possibly the only instance in which a foreign citizen held such a State position.

In 1912 Miss Flaws returned to Canada and became first superintendent of the Wellesley Hospital, and much of the success of the hospital was due to her earnest work, good mind and gracious personality, and the patients who came to the hospital became its firm friends.

Miss Flaws held several executive positions in the professional organizations, among them president of the Canadian Association of Nursing Education and represented that body on the Rockefeller Committee. Always keenly interested in everything which tended to raise and advance the standards of the nursing profession, she took an active part in all movements for that purpose, her gracious manner endearing her to her associates in this work. The funeral was held from the Nurses' Residence, Wellesley Hospital, and was very largely attended; the floral tributes were many and beautiful, a mute testimony to the number of friends she possessed and the high esteem in which she was held.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

BALL — In July, to Mr. and Mrs. Ball (Flossie Hart, Hospital for Sick Children, 1917), a son.

BLACK—Recently, at Hullville, Ont., to Mr. and Mrs. Black (Martha MacMillan, Montreal General Hospital, 1921), a son.

BROWNLEY—On September 20th, 1926, to Dr. and Mrs. James Brownley (Ada Stevens, Brantford General Hospital, 1916), a son.

FERGUSSON—Recently, to Mr. and Mrs. Neil Fergusson (Freda Junkin, Hospital for Sick Children, 1921), at Toronto, a daughter.

GREENWOOD—On September 25th, 1926, at the Maconachie Hospital, Edmonton, to Mr. and Mrs. Greenwood (M. Jephson, St. Boniface Hospital), a son.

HOWARD—Recently to Mr. and Mrs. Jack Howard (Hazel Sterritt, General Public Hospital, St. John, N.B., 1922), a son (John Sterritt).

JAMES—In August, to Mr. and Mrs. James (Anne Pears, 1917), formerly of Toronto, now of Winnipeg, a daughter.

OSBORNE—On July 31st, 1926, at Bowmanville Hospital, to Mr. and Mrs. Russell Osborne (Greta Billman, Wellesley Hospital, 1921), a daughter.

PAGET—On September 27, 1926, at Toronto, to Mr. and Mrs. Basil Paget (Olive Shambrook, Toronto Western Hospital, 1921), a daughter.

TUBMAN—In September, 1926, at the Eston Hospital, Eston, Sask., to Mr. and Mrs. H. Tubman (Margaret Johnston, Saskatoon City Hospital, 1924), a daughter.

MARRIAGES

ANDERSON — SPROULE — On August 19th, 1926, at Fort William, Ont., Emily Josephine Sproule (City Hospital, Saskatoon, 1922), to Dr. Lloyd Anderson.

ANDREWS—FLEMING — On September 11th, 1926, at Simcoe, Ont., Milly Fleming (Brantford General Hospital, 1924), to Mr. Geo. S. Andrews. Mr. and Mrs. Andrews will reside in Simcoe.

BROCK—WINTLE—On September 29th, 1926, at Trenholme, P.Q., Lora Wintle (Western Hospital, Montreal), to C. L. Brock.

CAMERON — DINGWALL — In August, 1926, Elizabeth Dingwall (Hospital for Sick Children, 1913), to Prof. J. R. Cameron.

CANDEE—HUESTON — On September 20th, 1926, at St. Paul's Episcopal Church, Chicago, Ill., Muriel Hueston (Toronto General Hospital, 1920), to Jesse Springer Candee. Mr. and Mrs. Candee will reside at 4746 Greenwood Avenue, Chicago, Ill.

CHAPELLE—ORD — Recently, at All Angels' Church, New York City, Ethel Ord (Sherbrooke Hospital, 1916), to Roy Chappelle, of Boston, Mass.

COOPER—CRAWFORD — On September 29th, 1926, at San Francisco, Florence Crawford (Brandon General Hospital, 1922), to John Cooper, C.E.

FOLEY—FERGUSON — In September, 1926, at Kenora, Ont., Wilna Ferguson (Brandon General Hospital, 1926), to William Foley, of Broadview, Sask.

GIBSON—BOX—On September 15th, 1926, at Moosomin, Sask., Mabel Evelyn Box (Brandon General Hospital, 1925), to Wallace R. Gibson, of Virden, Man.

HODGINS—TUREL — On August 17th, 1926, at Bloomingdale, Laura B. Turel (Hamilton General Hospital, 1926), to Stanley E. Hodgins, of Kitchener, Ont.

IBBOTT—SHAND—On September 9th, 1926, at St. Mary's Church, Saint John, N.B., Lillian Shand (General Public Hospital, Saint John, N.B., 1920), to the Rev. J. B. Ibbott, of Welland, Ont. Mr. and Mrs. Ibbott will reside in Halifax.

KEYES—RODDICK — On October 8th, 1926, at Brandon Hills, Mary Roddick (Brandon General Hospital, 1925), to Willard Keyes, of Wadena, Sask.

LAMBERT—WILLIAMS — On September 29th, 1926, at Tottenham, Ont., Josephine Williams (Toronto Western Hospital, 1923), to Roy Leonard Lambert.

LANG—STEWART—In September, 1926, Harriet E. Stewart (Brandon General Hospital) to William Lang, of Brandon, Man.

LEMON—ERICKSON—On October 1st, 1926, Alfield Erickson (Royal Columbian Hospital, 1926), to James Lemon, of Strawberry Hill. Mr. and Mrs. Lemon will reside in New Westminster.

LINDSAY—MAY—On September 14th, 1926, at Knox United Church, Calgary, Elsie Robina May to Arthur Augustus Lindsay, of Toronto.

LEAROYD—CROZIER — On September 1st, 1926, at Sutton West, Ont., Elizabeth S. Crozier (Wellesley Hospital, 1923), to Dr. H. G. Learoyd, of Sutton West.

LUCAS—BOLITHO—On September 18th, 1926, at Toronto, Mary Bolitho (Toronto General Hospital, 1923), to Harvey Taylor Lucas. Mr. and Mrs. Lucas will reside at Sarnia, Ont.

MARCHESNEY—LOGIE — On August 10th, 1926, at Hamilton, Margaret R. Logie to Thomas W. Marchesney, of Palmerston, Ont.

MORAN—KIRKPATRICK—On July 29th, 1926, at San Francisco, California, Ida Kirkpatrick (Brandon General Hospital, 1923), to T. J. Moran, LL.B., of San Francisco.

McFARLANE—WALKER—In September, 1926, Marguerite Walker (Hospital for Sick Children, 1923), to Dr. J. McFarlane. Dr. and Mrs. McFarlane will reside on Hudson Drive, Toronto.

McKIBBON—WATKINS — On October 6th, 1926, at Champion, Alta., Lillian Watkins, of Champion, to A. F. McKibbon.

McLEAN—CRONKHITE — On September 7th, 1926, at Westminster Manse, Winnipeg, Man., Charlotte Marguerite Cronkhite (St. Paul's Hospital, Saskatoon, 1925), to Norman Hector McLean, of Saskatoon.

PEARSON—SWITZER—On October 4th, Marjory Switzer (Royal Columbian Hospital, New Westminster, 1923), to Glen Pearson, of Bellingham. Mr. and Mrs. Pearson will reside in Bellingham, Wash.

POWER—NOBLE—On September 11th, 1926, at Lady of Lourdes Church, Toronto, Mary Olive Noble (Grace Hospital, 1921), to Frederick J. Power, of Toronto. Mr. and Mrs. Power will reside at 238 Manor Road East, Toronto.

RENSCH—HISCOCK — In April, 1926, Goldie W. Hiscock (St. Paul's Hospital, Saskatoon, 1924), of Shoal Lake, Man., to H. J. Rensch, of Sturgis, Sask.

RODERICK — HUMPHREY — In June, 1926, at Toronto, Gertrude Humphrey (Hospital for Sick Children, Toronto, 1920), to J. D. Roderick.

STERLING—LORD—On September 4th, at Banff, Blanche Esther Lord (1926), of Tryon, P.E.I., to Joseph George Sterling, of Calgary.

TAYLOR—WHITE—On September 25th, 1926, at Long Beach, N.B., Edith J. White (General Public Hospital, St. John, N.B., 1924), to Donald Taylor. Mr. and Mrs. Taylor will reside in St. John.

THOMAS—STOVER—On September 20th, 1926, at the Metropolitan Church, Toronto, Gertrude Lillian Stover (Wellesley Hospital, 1921), to Charles E. Thomas, of Oshawa.

VANGO—LITTLE—On July 31st, 1926, at Edmonton, Alta., Hilda Little (Montreal General Hospital, 1923), of Le Mesurier, P.Q., to Dr. H. M. Vango, of Edmonton, Alta.

WRIGHT—MIELL—On September 10th, 1926, at Victoria, B.C., Hattie May Miell of Seattle, Wash. (Grace Hospital, Toronto, 1921), to Wendell John Wright of South Bellingham, Wash.

DEATHS

WASHINGTON—On September 27th, 1926, at Oakwood, after a long illness, Grace Washington (Toronto Western Hospital, 1921), daughter of Mr. and Mrs. Geo. Washington, Toronto.

MARRIAGES

(Held over from October Number)

BADKE—HOSSFELD — On September 7th, 1926, at Walkerton, Ont., Mary E. Hossfeld (Kitchener and Waterloo Hospital, 1922) to Gerald Badke, of Kitchener. Mr. and Mrs. Badke will reside in Kitchener.

BLACK — McNEIL — On September 3rd, 1926, at Baltimore, Md., Francesca McNeil (Montreal General Hospital, 1922), to Captain William Black.

BROOKS—GRESHAM—On August 14th, 1926, at Toronto, Edith Gresham (Western Hospital, Toronto, 1920), to Walter Brooks, of Toronto.

BROW—ROGERS—On August 7th, 1926, in London, England, Helen Marjorie Rogers (Royal Victoria Hospital, Montreal, 1921), to Dr. George Raymond Brow. At Home—Montreal, P.Q.

BYERS — FOSTER — On August 14th, 1926, at Timmins, Ont., Marjorie Moiree Foster (Toronto General Hospital, 1920), to Dr. James Wilson Byers.

CARLISLE—MIDDLEBRO—On July 31st, 1926, at Owen Sound, Ont., Marjorie Middlebro (Western Hospital, Toronto, 1925), to Dr. Vernon Carlisle, of Mount Dennis, Ont.

CHAMBERS—HENDERSON — On June 14th, 1926, at Detroit, Mich., Margaret C. Henderson (Royal Victoria Hospital, 1915), to Herbert S. Chambers, of Ottawa. Mr. and Mrs. Chambers will reside at the Roxborough, Ottawa.

CLARK—JOHNSTON—In August, 1926, at Kingston, Ont., Beatrice Johnston (Royal Victoria Hospital, Montreal, 1920), to Colin Clark. At Home—Kingston, Ont.

CURLETTE—GLASFORD — On September 8th, 1926, at the Pro-Cathedral of the Redeemer, Calgary, Pauline Edythe, daughter of Mr. and Mrs. George Glasford, to Edward Thompson Curlette.

DICKSON — McLELLAN — On August 28th, 1926, at Toronto, Anna McLellan (Toronto General Hospital, 1922), to Dr. W. B. Dickson, of Utica, N.Y.

EADIE — COUTTS — In June, 1926, in London, England, Rosabel Coutts (Toronto General Hospital, 1918), to Dr. George Eadie, of Toronto.

EDGETER — ATKINSON — Recently, at Rosseau, Muskoka, Ont., Edna Atkinson (Mack Training School, St. Catharines, Ont., 1920), to Harry Edgerter, of Allanburgh. Mr. and Mrs. Edgerter will reside at Allanburgh.

FARLEY—McCULLOCH—On September 2nd, 1926, at Toronto, Georgia McCulloch (Toronto General Hospital, 1920), to Dr. John W. Farley, of Trenton, Ont.

GUEST—FERGUSON—Recently, at Rome, N.Y., Gwendolyne Ferguson (Toronto General Hospital, 1924), to Dr. Guest, of Toronto.

JONES — SUTHERLAND — On August 17th, 1926, at Gilbert Plains, Man., Clara Jane Sutherland (Brandon General Hospital, 1919), to Arthur J. Jones, of Regina, Sask.

LOCKE — THOMPSON — On July 17th, 1926, at Cornwall, Ont. Gladys Thompson (Cornwall General Hospital, 1926), to Arley Locke, of Flint, Mich.

MORTIMER — WOODS — On September 4th, 1926, at Brantford, Mary Veran Woods (General Hospital, Brantford, 1922), to Donald Forbes Mortimer, of Toronto. Mr. and Mrs. Mortimer will reside at Eastbourne Ave., Toronto.

ROBB—ARMBURST — On August 4th, 1926, at St. Catharines, Ont., Caroline Armburst (Kitchener and Waterloo Hospital) to George Alexander Robb.

RUDOLPH — JOURNEAY — On August 26th, 1926, at Weymouth, N.S., Daisy Eleanor (Montreal General Hospital, 1922), daughter of Mr. and Mrs. H. M. Journeay, to Leonard Christopher Rudolph, of Annapolis, N.S.

SIMPSON — BLAKE — On August 2nd, 1926, at Boston, Mass., Phoebe Blake (Sherbrooke Hospital, 1920), to Harry Simpson.

SMALL—MITTON—On August 7th, 1926, at San Rafael, Calif., Lenore Mitton (Royal Victoria Hospital, Montreal, 1920), to Philip H. Small. At Home—828 Jones St., San Francisco, Calif.

SPENCER—THOMPSON — On July 5th, 1926, at Chance Harbour, N.B., Grace Esther Thompson (Royal Victoria Hospital, Montreal, 1919), to Eli Edwin Spencer. At Home—Morden, Manitoba.

TALBOT—SMITH—On July 21st, 1926, at Shediac, N.B., Gladys Jardine Smith (Royal Victoria Hospital, Montreal, 1925), to Captain W. E. H. Talbot, 14th Punjab Regt., Indian Army.

URQUHART — PERRY — On June 19th, 1926, at Detroit, Mich., Elsie M. Perry (Cornwall General Hospital, 1924), to Gillie Urquhart, of Detroit.

WALPER—DEBUS—On September 4th, 1926, at Kitchener, Ont., Georgia Debus (Kitchener and Waterloo Hospital) to Curry Ora Walper.

WIGGLESWORTH — McCARTHY — On July 17th, 1926, Florence Pauline McCarthy (Montreal General Hospital 1917), formerly of Montreal, to Albert W. Wigglesworth, of Miami, Fla.

THE
Manitoba Nurses' Central Directory
Registrar—ELIZABETH CARRUTHERS.
Phone B 620 Reg. N.
753 WOLSELEY AVENUE
WINNIPEG, MAN.

WANTED

Registered nurses for general duty in Cleveland hospitals, salary $80 and $85, with maintenance.

Address:
CENTRAL COMMITTEE ON NURSING,
2157 Euclid Avenue,
Cleveland, Ohio
(No fee.)

THE CENTRAL REGISTRY GRADUATE NURSES

Supply Nurses any hour day or night.

Phone Garfield 382

Registrar
ROBENA BURNETT, Reg. N.
33 SPADINA AVENUE
HAMILTON - ONTARIO

The Central Registry of Graduate Nurses, Toronto

Furnish Nurses at any hour
DAY OR NIGHT
Telephone Randolph 3665
Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO

MARGARET EWING, Registrar

Registration of Nurses
Province of Ontario
EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held Wednesday, Thursday and Friday, November 24th, 25th and 26th, 1926.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to Miss A. M. Munn, Reg.N., Parliament Bldgs., Toronto. No candidate will be considered for examination unless the completed application form, accompanied by the examination fee of $5.00, is received by the Inspector before November 15th, 1926.

(Sgd.) A. M. MUNN, Reg.N.,
Inspector of Training Schools.

State Board Questions and Answers for Nurses

1926 Edition

Enlarged, Compiled and Edited by
JOHN FOOTE, M.D.

$3.50

Order from any bookseller or direct from
J. B. LIPPINCOTT COMPANY
Box 1443, MONTREAL

THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 609 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

Subscriptions $2.00 a year; single copies 20 cents. Club rates: Thirty or more subscriptions $1.75 each, if names, addresses and money are sent in at one time by one member of a federated association. Combined annual subscription with The American Journal of Nursing $4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 609 Boyd Building, Winnipeg, Man.

Official Directory

EXECUTIVE COMMITTEE, CANADIAN NURSES' ASSOCIATION

Officers

Honorary President.....Miss M. A. Snively, 50 Maitland Street, Toronto, Ont.
President.....Miss F. M. Shaw, McGill University, Montreal, P.Q.
First Vice-President.....Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver, B.C.
Second Vice-President.....Miss M. Hersey, Royal Victoria Hospital, Montreal, P.Q.
Honorary Secretary.....Miss H. Buck, Sherbrooke Hospital, Sherbrooke, P.Q.
Honorary Treasurer.....Miss R. Simpson, Dept. of Education, Regina, Sask.

COUNCILLORS

Alberta: 1 Miss B. Guernsey, Alexandra Hospital, Edmonton; 2 Miss Eleanor McPhedran, Central Alberta Sanatorium, Calgary; 3 Miss Elizabeth Clarke, R.N., Dept. of Health, University of Alberta, Edmonton; 4 Miss Cooper, Ste. 6, Bank of Toronto, Jasper Ave., Edmonton.

British Columbia: 1 Mrs. M. E. Johnston, R.N., 125 Vancouver Blk., Vancouver; 2 Miss K. W. Ellis, R.N., Vancouver General Hospital, Vancouver; 3 Miss M. E. Morrison, R.N., 1823 Chestnut Ave., Victoria; 4 Miss Maud Mirfield, R.N., 1523 Comox St., Vancouver.

Manitoba: 1 Miss E. Russell, Dept. of Nursing, Parliament Bldgs., Winnipeg; 2 Miss C. Macleod, General Hospital, Brandon; Miss Elva Gunn, 1197 Wolseley Ave., Winnipeg; 4 Miss T. O'Rourke, 137 River Ave., Winnipeg.

Nova Scotia: 1 Miss Mary F. Campbell, 344 Gottingen Street, Halifax; 2 Miss Agnes D. Carson, Children's Hospital, Halifax; 3 Miss Margaret E. MacKenzie, Dept. of Public Health, Province Bldg., Halifax; 4 Miss Mary B. McKeil, 88 Dresden Row, Halifax.

New Brunswick: 1 Miss Alena J. McMaster, City Hospital, Moncton; 2 Miss Margaret Pringle, Victoria Public Hospital, Fredericton; 3 Miss H. S. Dykeman, Health Centre, Sydney St., St. John; 4 Miss Myrtle Kay, 21 Austin St., Moncton.

Ontario: 1 Miss Florence Emory, 1 Queen's Park, Toronto; 2 Miss E. Muriel McKee, General Hospital, Brantford; 3 Miss Eunice Dyke, 308 City Hall, Toronto; 4 Miss H. Carruthers, 112 Bedford Rd., Toronto.

Prince Edward Island: 1 Miss Hutchison, P.E.I. Hospital, Charlottetown; 2 Miss Eleanor Green, Summerside; 3 Miss Mona G. Wilson, G.W.V.A. Bldg., Charlottetown; 4 Miss Annie McIntyre, 194 Weymouth St., Charlottetown.

Quebec. 1 Miss F. M. Shaw, McGill University; 2 Miss S. E. Young, Montreal General Hospital; 3 Miss Margaret L. Moag, 40 Bishop Street, Montreal; 4 Miss Charlotte Nixon, 330 Old Orchard Ave., Montreal.

Saskatchewan: 1 Miss S. A. Campbell, City Hospital, Saskatoon; 2 Sister Mary Raphael, Providence Hospital, Moose Jaw; 4 Mrs. A. Handrahan, 1140 Redland Ave., Moose Jaw.

ADDITIONAL MEMBERS TO EXECUTIVE

(Chairmen National Sections)

Nursing Education: Miss B. Guernsey, Alexandra Hospital, Edmonton, Alta. **Public Health:** Miss E. Smellie, Victorian Order of Nurses, Jackson Building, Ottawa, Ont. **Private Duty:** Miss M. Mirfield, 1532 Comox Street, Vancouver, B.C.

Executive Secretary.....Miss Jean S. Wilson

National Office, 609, Boyd Building, Winnipeg, Man.

1—President Provincial Association of Nurses.
2—Chairman Nursing Education Section.
3—Chairman Public Health Section.
4—Chairman Private Duty Section.

NURSING EDUCATION SECTION

Chairman: Miss B. Guernsey, Royal Alexandra Hospital, Edmonton, Alta. **Vice-Chairman:** Miss Jean I. Gunn, Toronto General Hospital, Toronto, Ont. **Secretary:** Miss E. McPheetran, Central Alberta Sanatorium, Calgary, Alta. **Treasurer:** Miss G. Bennett, Ottawa Civic Hospital, Ottawa, Ont.

Councillors.—Alberta: Miss Eleanor McPhedran. **British Columbia:** Miss H. Randal. **Manitoba:** Miss E. Russell. **New Brunswick:** M. Pringle. **Nova Scotia:** Miss A. Carson. **Ontario:** M. McKee. **Prince Edward Isle:** Miss Green. **Quebec:** Miss S. E. Young. **Saskatchewan:** Miss C. E. Guillod.

Convener Press Committee: Miss E. Rayside, General Hospital, Hamilton, Ont.

PRIVATE DUTY SECTION

Chairman: Miss M. Mirfield, 1532 Comox St., Vancouver, B.C. **Vice-Chairman:** Miss Emma Hamilton, 44 Wellsboro Apartments, Toronto, Ont. **Secretary-Treasurer:** Miss C. Whittaker, 422 12th Ave. E., Vancouver, B.C.

Councillors.—Alberta: Mrs. Fulcher, Ste. 8, Radio Block, Calgary, Alta. **British Columbia:** Miss M. Mirfield, 1532 Comox Street, Vancouver, B.C. **Manitoba:** Miss T. O'Rourke, 137 River Ave., Winnipeg, Man. **New Brunswick:** Miss Myrtle E. Kay, 21 Austin St., Moncton, N.B.; **Nova Scotia:** Miss Mary B. McKeil, 88 Dresden Row, Halifax, N.S. **Ontario:** Miss Helen Carruthers, 112 Bedford Rd., Toronto, Ont. **Prince Edward Island:** Miss B. M. Tweedy, 17 Pownal St., Charlottetown, P.E.I. **Quebec:** Miss Mary Eaton, 758 Sherbrooke St. W., Montreal, P.Q. **Saskatchewan:** Mrs. A. Handrahan, 1140 Redland Ave., Moose Jaw, Sask.

Convener Press Committee: Miss Agnes Jamieson, 38 Bishop St., Montreal, P.Q.

PUBLIC HEALTH SECTION

Chairman: Miss E. Smellie, Victorian Order of Nurses, Jackson Building, Ottawa, Ont. **Vice-Chairman:** Miss L. Holland, 22 Prince Arthur Ave., Toronto, Ont. **Secretary-Treasurer:** Miss E. Beith, Child Welfare Association, Montreal, P.Q.

Councillors.—Alberta: Miss E. Clarke, Provincia. Dept. of Health, Edmonton. **British Columbia:** Miss E. Morrison, Edelweiss, View Royal, R.M.R. No. 1, Victoria. **Manitoba:** Miss G. N. Hall, Provincial Board of Health, Portage la Prairie. **New Brunswick:** Miss H. S. Dykeman, Health Centre, St. John. **Nova Scotia:** Miss M. MacKenzie, Prov. Dept of Health, Halifax. **Ontario:** Miss E. H. Dyke, City Hall, Toronto. **Prince Edward Island:** Miss Mona Wilson, G.W.V.A. Bldg., Charlottetown. **Quebec:** Miss L. M. Moag, 46 Bishop St., Montreal. **Saskatchewan:** Miss K. Connor, City Hospital, Saskatoon.

Convener Publication Committee: Miss E. Wilson, Provincial Dept. of Nursing, Parliament Bldg., Winnipeg, Man.

ALBERTA ASSOCIATION OF REGISTERED NURSES

President, Miss B. Guernsey, R.N., Alexandra Hospital, Edmonton; 1st Vice-President, Miss Sadie MacDonald, R.N., General Hospital, Calgary; 2nd Vice-President, Miss Eleanor McPhedran, R.N., Central Alberta Sanatorium, Calgary; Secretary-Treasurer and Registrar, Miss Elizabeth Clark, R.N., Dept. of Public Health, Parliament Buildings, Edmonton; Council, Misses Eleanor McPhedran, R.N., Miss Beatrice Guernsey, R.N., Sadie MacDonald, R.N., Elizabeth Clark, R.N., Mary M. Black, R.N., University Hospital, Edmonton; E. M. Auger, R.N., General Hospital, Medicine Hat; Sister Laverty, R.N., Holy Cross Hospital, Calgary.

WOMENS' HOSPITAL
IN THE STATE OF NEW YORK
West 110th Street, New York City
150 Gynecological Beds
50 Obstetrical Beds

AFFILIATIONS

offered to accredited Training Schools for three months' courses in Obstetrics.

POST-GRADUATE COURSES

Six months in Gynecology, Obstetrics, Operating Room Technic, Clinics, and Ward Management.
Three months in Obstetrics or
Three months in Operating Room Technic and Management.
Theoretical instruction by Attending-Staff and Resident-Instructor.
Post-Graduate Students receive allowance of $15.00 monthly and full maintenance.
Nurse helpers employed on all Wards.
Further particulars furnished on request

For further particulars address—DIRECTRESS OF NURSES

Post-Graduate and Affiliated Courses in "Tuberculosis Nursing"

"That Tuberculosis is the most disastrous of all diseases to the general hospital nurse and therefore it is paramount that tuberculosis nursing be included in the curricula of Nurses' Training Schools" is the statement made by a prominent professor in medicine of Johns Hopkins University recently.

We offer a two-months' course in tuberculosis to graduates of recognised schools with a certificate on completion of the course and $50 per month with maintenance. Also affiliations may be arranged with General Hospital accredited training schools for this course for third year students.

For further information address:

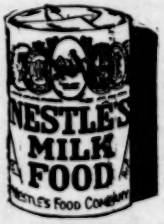
LAURENTIAN SANATORIUM
STE. AGATHE DES MONTS, QUE.
Miss E. Frances Upton, Reg.N., Matron

The Importance of Proper Food

It is of utmost importance to infants deprived of an adequate supply of breast milk, that they receive during the first and most vital twelve months of life, a milk food whose safeness and wholesomeness is unquestioned.

NESTLÉ'S MILK FOOD

supplies a satisfying and sustaining form of cow's milk for infant feeding, and in addition its cereal content provides the additional food value which the growing infant requires.



The coupon below is for your convenience, and will bring you a supply to prove its worth and merit.

79

MADE BY THE MAKERS OF LACTOGEN

NESTLÉ'S FOOD COMPANY OF CANADA, LIMITED
84 St. Antoine Street, Montreal

Please send without charge, a supply of Nestlé's Milk Food for a clinical trial.

Name .....

Street .....

Town or City .....

Province..... D

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

President, Mrs. M. E. Johnston, R.N., 125 Vancouver Blk., or Bute St. Hospital, Vancouver; First Vice-President, Miss Elizabeth Breeze, R.N.; Second Vice-President, Miss Jessie MacKenzie, R.N.; Secretary, Miss Katherine Stott, R.N., 125 Vancouver Blk., Vancouver; Registrar, Miss Helen Randal, R.N., 125 Vancouver Blk., Vancouver.

Council: Misses E. I. Johns, R.N.; Ethel Morrison, R.N.; Maud Mirfield, R.M.; K. W. Ellis, R.N.; Mary Campbell, R.N.; L. McAllister, R.N.; and Mrs. Eve Calhoun, R.N.

THE MANITOBA ASSOCIATION OF GRADUATE NURSES

President, Miss E. Russell, Reg.N., Prov. Health Department, Parliament Building, Winnipeg; First Vice-President, Miss C. Macleod, Reg.N., General Hospital, Brandon; Second Vice-President, Miss M. Fraser, Reg.N., General Hospital, Winnipeg; Third Vice-President, Miss E. Gilroy, Reg.N., 674 Arlington St., Winnipeg; Recording Secretary, Miss E. Carruthers, Reg.N., 753 Wolseley Ave., Winnipeg; Corresponding Secretary, Miss A. E. Wells, Reg.N., Provincial Health Dept., Parliament Building, Winnipeg; Treasurer, Miss Rose Quinn, 753 Wolseley Ave., Winnipeg.

NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

President, Miss Alena J. McMaster, City Hospital, Moncton; First Vice-President, Miss Margaret Murdoch, General Public Hospital, St. John; Second Vice-President, Miss Mary F. Bliss, Soldiers' Memorial Hospital, Campbellton; Secretary-Treasurer-Registrar, Miss Maude E Retallick, 215 Ludlow St., West St. John; Council Members: St. John, Misses E. J. Mitchell, Florence Coleman, Ella Cambridge, Alberta Burns; Fredericton: Misses Margaret Pringle, Ethel K. Harvey; St. Stephen: Misses Clara E Boyd, Stella Murphy; Moncton: Misses A. J. MacMaster, Myrtle Kay; Woodstock: Miss Gertrude Jackson; Newcastle: Miss Lena Campbell; Campbellton: Miss Mary F. Bliss; Convener, Public Health Section, Miss Huilota Dykeman, Health Centre, Sydney St., St. John; Convener, Private Duty Section, Miss Myrtle Kay, 21 Austin St., Moncton; Convener, Nursing Education Section, Miss Margaret Pringle, Victoria Public Hospital, Fredericton.

THE REGISTERED NURSES' ASSOCIATION OF NOVA SCOTIA, HALIFAX

Hon. President Miss Catherine M. Graham, 17 North St., Halifax; President, Miss Mary F. Campbell, V.O.N., 344 Gottingen St., Halifax; First Vice-President, Miss Mary A. S. Watson, Yarmouth Hospital, Yarmouth North; Second Vice-President, Miss Florence L. MacInnis, Bridgewater; Third Vice-President, Miss Gladys F. Strum, Victoria General Hospital, Halifax; Secretary, Miss Edith Fenton, Dalhousie Public Health Clinic, Halifax; Treasurer, Miss L. F. Fraser 325 South St., Halifax.

REGISTERED NURSES' ASSOCIATION OF ONTARIO (Incorporated 1925)

President, Miss Florence Emory, 1 Queen's Park, Toronto; First Vice-President, Miss Edith Rayside, General Hospital, Hamilton; Second Vice-President, Miss Bertha Hall, 323 Jackson Bldg., Ottawa; Secretary-Treasurer, Miss Ethel Scholey, 386 Brunswick Ave., Toronto; Chairman:, Private Duty Section, Miss H. Carruthers, 112 Bedford Rd., Toronto; Chairman, Nursing Education Section, Miss E. Muriel McKee, General Hospital, Brantford; Chairman Public Health Section, Miss Eunice Dyke, Room 308, City Hall, Toronto; District Representatives: Miss G. Fairley, London; Miss H. Doeringer, Paris; Miss Ella Buckbee, Hamilton; Miss Mary Millman, Toronto; Miss Margaret Tait, Belleville; Miss L. D. Acton, Kingston; Miss N. F. Jackson, Ottawa; Miss Aileen Riordan, North Bay; Miss Jane Hogarth, Fort William.

ASSOCIATION OF REGISTERED NURSES FOR PROVINCE OF QUEBEC

President, Miss F. M. Shaw, School for Graduate Nurses, McGill University; Vice-Presidents, French, Miss Edith Hurley, Prof. Public Health Nursing, University of Montreal; English, Miss M. F. Hersey, Royal Victoria Hospital, Montreal; Recording Secretary, Miss Catherine Ferguson, Alexandra Hospital, Montreal; Treasurer, Miss L. C. Phillips, 750 St. Urbain St., Montreal; other members, Committee of Management, Sister Duckett, Notre Dame Hospital, Montreal; Miss M. Moag, Victorian Order of Nurses, Montreal; Miss Louise Dickson, Shriners' Hospital, Montreal; Miss Barrett, Montreal Maternity Hospital; Miss Kathleen Davidson, 103 Chomedy St., Montreal; Registrar and Executive Secretary, Miss M. Clint, 54 Overdale Ave., Montreal; Conveners of Standing Committees, Nursing Education, French, Sister Duckett; English, Miss S. E. Young, Montreal General Hospital; Public Health, Miss M. Moag, Victorian Order of Nurses; Private Duty, Miss Charlotte Nixon, 330 Old Orchard Ave., Montreal; Board of Examiners, English, Misses Dickson, Beith and Slattery; French, Sister Filion, Misses Hurley and Barrett.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION. (Incorporated March, 1917)

President, Miss S. A. Campbell, City Hospital, Saskatoon; First Vice-President, Miss E. E. Love, Sanatorium, Saskatoon; Second Vice-President, Miss R. M. Simpson, Dept. of School Hygiene, Regina; Councillors: Miss Jean MacKenzie, Red Cross Society, Regina; Miss E. S. Nicholson, Red Cross Society, Regina; Secretary-Treasurer, Miss Elda M. Lyne, 39 Canada Life Building, Regina; Convener, Public Health Section,

Convener, Nursing Education Section, Sister Mary Raphael, Providence Hospital, Moose Jaw; Convener, Private Duty Section, Mrs. A. Handrahan, 1140 Redland Ave., Moose Jaw.

CALGARY ASSOCIATION OF GRADUATE NURSES

Hon. President, Mrs. Stuart Brown; President, Miss N. B. D. Hendrie; 1st Vice-President, Miss MacKay; 2nd Vice-President, Miss M. P. Hendrie; Treasurer, Miss Harriet Ashe; Corresponding Secretary, Mrs. De Satge; Recording Secretary, Miss Marion Lavelle.

Conveners of Committees—Private Duty, Mrs. Fulcher.

Entertainment—Miss Peat.

Finance—Miss Agnes Kelly.

Registrar—Miss M. E. Cooper, Ste. 8 Radio Block.

EDMONTON GRADUATE NURSES' ASSOCIATION

President, Miss Emerson; First Vice-President, Miss Welsh; Second Vice-President, Mrs. Chinneck; Secretary, Miss F. Bell; Corresponding Secretary, Miss Chinneck, 9913-112th St. (Phone 23574); Treasurer Miss Christensen; Registrar, Miss Sproule; Convener of Programme Committee, Miss Beane; Convener of Visiting Committee, Miss Bailey; Representative to "The Canadian Nurse," Miss Clarke.

MEDICINE HAT GRADUATE NURSES' ASSOCIATION

President, Miss A. Nash, Isolation Hospital; First Vice-President, Mrs. Hayward, 241-3rd St.; Second Vice-President, Miss F. Smith, 938-4th St.; Secretary, Miss W. E. Lucas, General Hospital; Treasurer, Miss M. Davidson, Y.W.C.A.; "Canadian Nurse" Representative, Miss A. Andreason, General Hospital; Executive Committee, Miss E. M. Auger, General Hospital, Mrs. C. E. Smyth, 874-2nd St., Miss J. Reid, General Hospital; Flower Committee, Mrs. Devlin, 57-4th St.; "The Canadian Nurse" Correspondent, Miss G. T. Waites, General Hospital; New Members, Mrs. H. C. Dixon, 816-2nd St.

ALUMNAE ASSOCIATION OF THE SCHOOL OF NURSING, ROYAL ALEXANDRA HOSPITAL, EDMONTON, ALTA.

Hon. President, Miss B. Guernsey, Royal Alexandra Hospital; President, Miss Annie F. Lawrie, Royal Alexandra Hospital; First Vice-President, Miss B. Bean, Douglas Block; Second Vice-President, Mrs. C. E. McManus, Westminster Apartments; Treasurer, Miss A. L. Young, The Isolation Hospital; Secretary, Miss Lilian Lawrie, Royal Alexandra Hospital; Corresponding Secretary, Miss A. M. Anderson, Royal Alexandra Hospital.

Executive Committee.—The Officers, and Miss Elizabeth Clarke, Public Health Department; Mrs. H. Philip Baker, 10514 126th St.; Miss Van Camp. Clover Bar; Sick Visiting Committee, Mrs. C. Chinneck 9913-112th Street, and Mrs. R. A. Cameron, 9828-108th Street; Refreshments, Miss H. Smith, Royal Alexandra Hospital.

VANCOUVER GRADUATE NURSES' ASSOCIATION

President, Miss K. Ellis, R.N.; First Vice President, Miss M. Ewart, R.N.; Second Vice-President, Miss M. Mirfield, R.N.; Secretary, Miss H. G. Munslow, R.N.; Treasurer, Miss L. G. Archibald, R.N.; Executive Committee, Miss A. M. McLellan, R.N., Miss E. Hall, R.N., Miss M. McLean, R.N., Miss E. McLeay, R.N., Mrs. Farrington, R.N., Mrs. E. D. Calhoun, R.N.

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

ADDRESS:

Chicago Lying-in Hospital and Dispensary

426 East 51st Street, CHICAGO

A Post-Graduate Training School for Nurses

AND

An Affiliated Training School for Nurses

The Massachusetts Eye and Ear Infirmary, 243 Charles Street, Boston, offers to graduates of accredited training schools a two months' course, both theoretical and practical, in the nursing care of the diseases of the eye, ear, nose and throat. The course includes operating room experience. If desired, a third month may be spent in the social service department.

This course is very valuable to public health nurses, especially to those in schools and industries.

Hospital capacity, 211 beds; Out-patients daily average 226. A comfortable and attractive Nurses' Home faces the Charles River. Allowance to post-graduate students, twenty (20) dollars a month and full maintenance. The same course, including the third month, is available by application to students of approved schools.

For further information address:—

SALLY JOHNSON, R.N.,
Superintendent of Nurses

Graduate Course
—IN—
Psychiatric Nursing

The Society of the New York Hospital offers, at Bloomingdale Hospital, to graduates of registered schools of nursing, a six-months' course in the nursing of nervous and mental disorders.

The course is especially designed for nurses who are preparing for general nursing, executive positions and public health work, and consists of lectures, class-room instruction, and supervised practical work. Included in the course is some instruction and practise in occupational and physical therapy. A Certificate is issued to those who satisfactorily complete the course.

Board, lodging and laundry are furnished by the Hospital, and an allowance of $40.00 per month.

For circular and further information, address

BLOOMINGDALE HOSPITAL,
White Plains, N.Y.

Please mention "The Canadian Nurse" when replying to Advertisers.

ALUMNAE ASSOCIATION OF ST. PAUL'S HOSPITAL, VANCOUVER, B.C.

Hon. President, Rev. Sister Superior, St. Paul's Hospital; President, Miss Elva Stevens, R.N., 1138 Nelson St.; Hon. Vice-President, Rev. Sr. Mary Alphonse, R.N., St. Paul's Hospital; Vice-President, Miss Catherine MacGovern, R.N., 1144 Nelson St.; Secretary, Miss Evelyn Faulkner, R.N.; Treasurer, Miss Margaret Phillips, R.N., 1137 Davie St.; Executive Committee, Misses Mary MacLennan, R.N., Margaret Edwards, R.N., Mary Rogerson, R.N., Katherine Dumont, R.N., Helen Becker, R.N.

Regular Meeting—First Tuesday in each month.

VANCOUVER GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss K. Ellis, R.N.; President, Miss Allena Croll, R.N., 836 14th Ave. W.; First Vice-President, Mrs. Lyon Appleby; Second Vice-President, Mrs. Alec McCallum; Secretary, Miss Blanche Harvey, 1016 Pacific St.; Assistant Sec., Miss D. Bulloch; Treasurer, Miss Mary McLane. Conveners of Committees: Programme, Mrs. A. C. Youill; Refreshment Mrs. H. Findlay; Sewing, Miss Ida Snelgrove; Membership, Miss Mollie Granger; Sick Visiting, Miss Whittaker; Press, Mrs. John Granger.

PROVINCIAL ROYAL JUBILEE HOSPITAL ALUMNAE ASSOCIATION, VICTORIA, B.C.

Life Members, Miss G. Mouat, Mrs. John Murray, Mrs. Bullock-Webster; Hon. Members, Miss J. F. Mackenzie, Miss Gregory-Allan; President, Mrs. L. S. V. York, 1140 Burdette Ave.; First Vice-President, Mrs. A. Dowell, 1419 Haultain St.; Second Vice-President, Mrs. A. Carruthers, 2154 Windsor Rd.; Secretary, Mrs. M. W. Thomas, 235 Howe St.; Asst. Secretary, Mrs. John Russell, Bell Apts.; Treasurer, Mrs. A. M. Johnson, 122 Rockland Ave.; Entertainment Committee, Miss Buckley, 1186 Yates St.

ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION, VICTORIA, B.C.

President, Mrs. Ridewood, 422 St. Charles St.; First Vice-President, Mrs. Beach; Second Vice-President, Miss McDonald; Corresponding Secretary, Miss Taylor, 1024 Pakington St.; Recording Secretary, Miss Whitehead; Treasurer, Miss Roberts; Councillors, Misses Lambert, Grubb, B. Graham, L. Graham.

BRANDON GRADUATE NURSES' ASSOCIATION

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss A. Mitchell; First Vice-President, Mrs. A. V. Miller; Second Vice-President, Miss R. Dickie; Secretary, Miss E. G. McNally, General Hospital; Treasurer, Miss M. J. Burnett; Registrar, Miss C. Macleod; Sick Visitor, Mrs. S. Pierce; Social and Programme, Miss M. McAuley; Press Representative, Mrs. R. Darrach.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MAN.

Hon. President, Rev. Sister Gallant; Hon. Vice-President, Sister Lacrosse; President, Miss Marion Oliver; First Vice-President, Miss Alice Chafe; Secretary, Miss Irene McGuire, 182 Kennedy St., Winnipeg; Treasurer, Miss Bertha Wells, 221 Edmonton St., Winnipeg; Conveners of Committees: Social, Miss S. Wright; Refreshment, Miss S. J. Roberts; Sick Visiting, Miss P. Bresnan; Representative to Nurses' Registry, Miss A. C. Starr; Representative to "The Canadian Nurse," Miss C. Code.

ALUMNAE ASSOCIATION OF GLACE BAY GENERAL HOSPITAL

Hon. President, Miss I. MacNeil; President, Mrs J. A. McLeod; First Vice-President, Miss Lyda A. Spencer; Second Vice-President, Miss Abigail MacKenzie; Treasurer, Miss Cora Ferguson; Recording Secretary, Miss Greta Taylor; Corresponding Secretary, Miss Lydia Turner, Social Service Nurse, General Hospital, Glace Bay, Cape Breton, N.S. Executive Committee: Misses Florence Kerr, Christene MacDonald, Victoria MacCuish, Margaret MacKinnon, Mary MacPherson, Annie Callaghan.

THE OTTAWA CHAPTER OF THE GRADUATE NURSES' SSOCIATION OF ONTARIO

Chairman, Miss Mable Stewart, Protestant General Hospital, Ottawa; Vice-Chairman, Miss Emily Maxwell, St. Lukes' Hospital, Ottawa; Secretary, Miss Anna Stackpole, 145 O'Connor St., Ottawa; Treasurer, Mrs. Thomas Curtis, Westboro P.O., Ontario

GALT GRADUATE NURSES' ASSOCIATION

Hon. President, Miss La Rose; President, Mrs. J. M. Wallace; First Vice-President, Miss H. Rigsby; Second Vice-President, Miss M. St. Clair; Treasurer, Mrs. S. F. Hawk; Secretary, Miss S. Mitchell.

KITCHENER AND WATERLOO REGISTERED NURSES' ASSOCIATION

President, Miss V. Winterhalt, Reg.N.; First Vice-President, Miss L. McTague, Reg.N.; Second Vice-President, Miss M. Orr, Reg.N.; Treasurer, Mrs. W. Knell, Reg.N.; 41 Ahrens St. West; Secretary, Miss E. Masters, Reg.N., 13 Chapel St.; Representative to "The Canadian Nurse," Miss Elizabeth Ferry, Reg.N., 102 Young St., Kitchener.

THE EDITH CAVELL ASSOCIATION OF LONDON

President, Miss Grace Fairley, Superintendent of Nurses, Victoria Hospital; First Vice-President, Miss Ann P. Evans, 639 Wellington St.; Second Vice-President, Miss Helen Bapty, 149 St. James St.; Secretary-Treasurer, Alice H. Clarke, 76 Cathcart St.; Assistant Secretary, Miss Josephine Little, Superintendent, Aged People's Home; Executive Committee: Miss M. Duffield, Victorian Order of Nurses, 104 Horton St.; Miss Anna Forrest, Byron Sanatorium; Miss Blanche Rowe, Public Health Nurse, Adanac Apts.; "Canadian Nurse" Representative, Miss Bertha Smith, 170 Wortley Rd.

THE FLORENCE NIGHTINGALE ASSOCIATION OF GRADUATE NURSES, OTTAWA

Hon. President, Miss M. A. Catton, 2 Regent St.; President, Miss M. F. Jackson, V.O.N., 160 Cooper St.; Vice-President, Mrs. L. M. Dawson, 83 Second Ave.; Recording Secretary, Miss F. M. Bennets, 334 McLeod St.; Corresponding Secretary, Miss G. P. Garvin, Isolation Hospital; Treasurer, Miss E. E. Cox, Royal Ottawa Sanatorium; Executive Officers and Conveners of Committees—"The Canadian Nurse," Miss G. Bennett; Sick Visiting, Mrs. Johnston; Representatives to chapter, the President and Miss Rankin; Representatives to Registry, Miss Allen and Miss Chipman; Representatives to Local Council of Women, the Officers of the Association; Nominating, Mrs. Nettleton; Membership, Miss Stevens; Programme, Mrs. Dawson.

Regular Meeting—Every third Thursday.

SMITH'S FALLS GRADUATE NURSES' ASSOCIATION

Hon. President, Miss J. Taggart; President, Miss A. Church; First Vice-President, Miss G. Shields; Second Vice-President, Miss I. MacKay; Secretary, Miss W. Gore, Box 881; Treasurer, Mrs. E. R. Peck; Registrar, Miss M. McCreary; Conveners of Committees: Social, Miss G. Currie; Credential, Miss A. Hayes; Floral, Miss S. McKay; Representatives to Local Council of Women, Misses A. Church, S. McKay, G. Shields, Mrs. E. R. Peck.

Regular monthly meeting—3rd Wednesday of each month.

DISTRICT No. 10, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss Jane Hogarth, Fort William; Vice-Chairman, Miss P. Morrison, Fort William; Secretary-Treasurer, Miss T. E. Gerry Fort William; Councillors, Miss S. McDougall and M. Stowe, Port Arthur; Misses A. Walker, E. Hubman, Bell and Mrs. Foxton, Fort William; Private Duty Representative, Miss S. McDougall; Public Health Representative, Miss E. Hubman; Nursing Education Representative, Miss P. Morrison; Membership Committee, Miss Walker (Convener), Misses Wade, Boucher, McCutcheon; Programme Committee, Mrs. Foxton (Convener), Mrs. McCartney, Misses McDougall, Lovelace, Cudmore; Finance Committee, Miss Bell (Convener), Misses R. Graham, M. Stowe, B. Montpetit; "The Canadian Nurse" Representative, Mrs. Foxton.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO

President, Mrs. H. M. Bowman, Women's College Hospital; Vice-President, Miss Maude Wilkinson, 410 Sherbourne St.; Treasurer, Miss Mildred Sellery, 678 Spadina Ave.; Secretary, Miss Rubena Duff, Women's College Hospital; Councillors: Misses Janet Allison, 57 St. Ann's Rd.; Frances Brown, 35 Chicora Ave.; Ethel Greenwood, 34 Homewood Ave.; Helen Kelly, General Hospital; Ida McFee, Western Hospital; Barbara Ross, 101 Dunn Ave.; Ada Luxon, 166 Grace St.; Mrs. Josephine Clissold, 34 Inglewood Drive.

BELLEVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss M. Tait, R.N. (Superintendent Belleville Hospital); President, Miss F. Fitzgerald, R.N.; Vice-President, Miss H. Collier, R.N.; Secretary, Mrs. A. R. Newman, R.N.; Treasurer, Miss P. Hannah, R.N.; Corresponding Secretary, Miss S. Brockbank, R.N.; Flower and Visiting Committee, Miss Humphries, Mrs. P. E. Cooke, Miss Soutar, Miss Hull; Advisory Board, Mrs. P. E. Cooke, Miss Soutar, Miss Cockburn, Miss Jones, Miss Coulter.

Regular Meeting, First Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL, BRANTFORD, ONT.

Hon. President, Miss E. M. McKee, Brantford General Hospital; President, Miss J. Wilson; Vice-President, Miss D. Arnold; Secretary, Miss I. Marshall, 91 Peel St., Brantford, Ont.; Treasurer, Miss G. Westbrook; Flower Committee, Miss M. Collyer, Miss V. Van Volkenburg; Gift Committee, Miss A. Hough, Miss I. Martin; "The Canadian Nurse" Representative, Miss D. Small; Press Representative, Miss R. Isaac; Social Convener, Miss. G. Weiler.

Regular Meeting held First Tuesday in each month at 8.30 p.m. in the Nurses' Residence.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, CHATHAM, ONT.

Hon. President, Mother M. Louise; Hon. Director, Sister M. Pascail; President, Miss Hazel Gray; Vice-President, Miss Charlotte Neff; Secretary, Miss E. Riegling; Treasurer, Miss Angela Blonde.

Representative to "The Canadian Nurse"—Miss Anna Currie.

Sick Visiting Committee—Miss L. Richardson and Miss G. Norton.

Regular Meeting: First Monday of each month.

CORNWALL GENERAL HOSPITAL ALUMNAE ASSOCIATION, CORNWALL, ONT.

Hon. President, Miss Lydia Whiting, R.N.; President, Miss Mabel Hill, R.N.; First Vice-President, Mrs. Ella Rae Hirst, R.N.; Second Vice-President, Mrs. John Boldie; Secretary-Treasurer, Miss M. Fleming, R.N., General Hospital; Convener Entertainment Committee, Miss Mabel Hill, R.N.; Representative to "The Canadian Nurse," Miss Helen Wilson, R.N.

THE ALUMNAE ASSOCIATION OF THE ROYAL ALEXANDRA HOSPITAL, FERGUS, ONT.

Hon. President, Miss Lydia McKinnon, Reg.N., Priceville; President, Miss Helen Campbell, Reg.N., 72 Hendricks Ave., Toronto; Vice President, Miss Marion Pretty, Reg.N., R.A. Hospital, Fergus; Secretary, Miss Evelyn Osborne, Reg.N., 8 Oriole Gds., Toronto; Treasurer, Miss Bertha Brillinger, Reg.N., 8 Oriole Gds., Toronto; Press Representative, Miss Jean Campbell, Reg.N., 72 Hendricks Ave., Toronto.

GUELPH GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Miss Maude Tolton, R.M.D. No. 3; First Vice-President, Miss S. MacKenzie, G.G.H.; Second Vice-President, Miss A. L. Fennell, 50 King St.; Treasurer, Miss Hazel Young, Liverpool St.; Secretary, Miss Bessie Millar, Powell St. E.

Flower Committee—Miss Beth Richardson, Miss Quinn and Miss B. Morris.

Correspondent to "The Canadian Nurse"—Miss Ethel M. Eby, 50 King St.

HAMILTON GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss E. C. Rayside, General Hospital; President, Miss M. H. Sabine, 132 Ontario Ave.; Vice-President, Miss I. McIntosh, 353 Bay St. S.; Recording Secretary, Miss E. Wright, 222 Mt. Park; Corresponding Secretary, Miss Jean Soutar, General Hospital; Treasurer, Miss O. Watson, 80 Grant Ave.; Committees—Programme: Miss E. Buckbee, Tecumseh; Miss R. Galloway, Miss Harrison, Miss Hulik, Miss M. Pegg, Miss C. Harley; Flower and Visiting: Miss A. Kerr, Miss E. Buckley, Miss A. Squires, Miss M. Pegg; Registry: Miss A. Kerr, 83 Grant Ave.; Miss B. Buckley, Miss C. Waller, Miss Kitchen; Executive: Miss C. Waller, Convener; Miss Hall, Miss Champ, Miss Grinyer, Mrs. Hess.

Representatives to the Local Council of Women: Miss R. Burnett, Miss B. Sadler, Miss Laidlaw, Miss E. Buckbee.

Representatives to "The Canadian Nurse": Miss R. Burnett, Miss C. Taylor, Miss B. Sadler, Miss C. Waller, Miss A. Squires.

Representative to Private Duty Section of the R.N.A.O.: Miss Hanselman.

Representative to the Toronto Executive: Miss C. Harley.

ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON, ONT.

Hon. President, Sister M. Assumption, St. Joseph's Hospital; President, Miss Irene Murray, 21 Gladstone Ave.; Vice-President, Miss M. Maloney, 31 Eric Ave.; Treasurer, Miss Quinn, 12 Cumberland Ave.; Secretary and Corresponding Secretary, Miss M. Kelly, 43 Gladstone Ave.; Sick Visiting Nurses' Committee, Miss Fagan, 49 Spadina Ave.; Miss Wrenn, 179 Hess St.N.; Representative Private Duty Nurse, Miss Dermody, 16 Victoria Ave. N.; Representative Central Registry, Miss Corrol, 774 King St. E.; Charity Committee, Miss A. Maloney, 31 Eric Ave.; Representative to "Canadian Nurse," M. Baley, 203 Main St. E.; Executive Committee, Misses Cahill and McClarty, 774 King St. E.; Miss Nally, 157 East Ave. N.; Miss Smith, 179 Hess St. N.; Miss Crane, 24 Rutherford.

KINGSTON GENERAL HOSPITAL ALUMNAE ASSOCIATION

First Hon. President, Miss E. Baker; Second Hon. President, Miss A. Baillie; President, Mrs. E. H. Leggett, 359 Johnson St.; First Vice-President, Miss Evelyn Truman; Second Vice-President, Mrs. J. C. Spence; Secretary, Miss Lyda Bertrand, Isolation Hospital; Treasurer, Mrs. C. W. Mallory, 261 University Ave.; Flower Committee, Mrs. George Nicol, 355 Frontenac St.; Registry Nurse, Mrs. J. C. Spence, 30 Garrett St.; "The Canadian Nurse" and Press Reporter, Miss A. Gibson, 336 Barrie St.

KITCHENER AND WATERLOO GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Mrs. James Westwell, Reg.N.; First Vice-President, Miss K. Grant, Reg.N.; Second Vice-President, Miss V. Berlett, Reg.N.; Secretary, Miss Nellie Scott, Reg.N., 18 Pandora Ave.; Asst. Secretary, Mrs. J. Donnley, Reg.N.; Treasurer, Miss E. Pfeffer, Reg.N., 102 Courtland Ave.; Representative to "The Canadian Nurse," Miss Elizabeth Ferry, Reg.N., 102 Young St.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Sr. Zeta, Superior; Hon. Vice-President, Sr. Patricia; President, Mrs. A. Kelly, 819 Elias St., London; First Vice-President, Miss L. Golden, 382 Queen's Ave., London; Second Vice-President, Miss L. Morrison, 298 Hyman St., London; Recording Secretary, Miss H. Pitt, 440 Pall Mall St., London; Corresponding Secretary, Miss L. McCaughey, 359 Central Ave., London; Treasurer, Miss Rose Hanlon, 59 Elmwood Ave., London; Representatives on Board of Central Registry, Mrs. W. Tighe, Mrs. A. Kelly

Monthly Meeting—First Wednesday at St. Joseph's Assembly Hall.

VICTORIA HOSPITAL ALUMNAE ASSOCIATION, LONDON, ONT.

President, Miss Agnes Malloch; First Vice-President, Miss Winnifred Ashplant; Second Vice-President, Miss Annie Mackenzie; Secretary, Miss Della Foster, 503 St. James Street; Treasurer, Mrs. Walter Cummins, 95 High Street; Representative to "The Canadian Nurse," Mrs. A. C. Joseph, 499 Oxford Street; Directors, Misses E. MacPherson, M. G. Kennedy, Edith Raymond, L. McGugan, H. Smith, M. Dyer, V. Smith; Representatives to Central Registry Directorate, Misses A. Malloch, M. Turner, E. MacPherson, M. G. Kennedy, L. McGugan.

THE ALUMNAE ASSOCIATION OF ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Hon. President, Miss Eleanor Johnston, R.N., O.S.M.H.; President, Miss L. V. McKenzie, R.N.; First Vice-President, Miss M. Harvie, R.N., O.S.M.H.; Second Vice-President, Miss M. Glennie, R.N.; Secretary-Treasurer, Miss G. Went, R.N.; Recording Secretary, Miss M. Dundas, R.N., O.S.M.H.

Directors—Miss Glennie, R.N.; Miss Gray, R.N.; Miss Mae Lelland, R.N.

Visiting Committee—Miss G. Dudenhoffer, R.N.; Miss Garry, R.N.; Miss Harvie, R.N.

Programme Committee—Miss Newton, R.N.; Miss Hart, R.N.; Miss Towle, R.N.

Regular Meeting—First Tuesday in each month.

OSHAWA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss McWilliams; President, Mrs. B. A. Brown; Vice-President, Miss Jane Cole; Secretary and Corresponding Secretary, Mrs. G. M. Johnston, Box 529, Oshawa; Assistant Secretary, Miss Beckett; Treasurer, Miss Ann Scott; Private Duty Nurses, Miss B. Allen (Convener); Visiting Committee, Miss Cormie (Convener), Miss McKnight and Mrs. M. Canning; Social and Programme Committee, Mrs. Hare (Convener), Mrs. G. M. Johnston, Misses Scott, Jeffrey, Rice.

LADY STANLEY INSTITUTE ALUMNAE ASSOCIATION, OTTAWA. (Incorporated 1918).

Hon. President, Miss M. A. Catton, 2 Regent St.; President, Miss M. McNeice, 475 Lisgar St.; Vice-President, Miss E. McGibbon, 112 Carling Ave.; Secretary, Miss O. M. Rogan, 152 Hinton Ave.; Treasurer, Miss Mary Slinn, 204 Stanley Ave.; Board of Directors, Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home; "Canadian Nurse" Representative, Miss C. Flack, 152 First Ave.

THE NURSES' ALUMNAE ASSOCIATION OF OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sister Flavie Domitille; President, Miss Flossie Nevins; Vice-President, Miss Isabel McElroy, 18 Botelier St.; 2nd Vice-President, Mrs. A. Lattimer; Sec.-Treas., Miss Verdna Brennan, 190 Osgoode St.; Membership Secretary, Miss Alice Beauchamp; Representatives to Central Registry, Miss E. Dea and Miss A. Stacpole; Representative to "The Canadian Nurse," Miss Kathleen Bayley; Representatives to Local Council of Women, Mrs. C. L. Devitt, Miss G. Evans, Mrs. A. Lattimer, Mrs. E. Viau.

Board of Directors composed of one member of each class numbering twenty-five.

Regular monthly meeting first Friday of each month at 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL, OTTAWA, ONT.

President, Miss L. D. Acton; Vice-President, Miss E. Maxwell; Secretary, Miss Pearl McQuitty, St. Luke's Hospital; Treasurer, Miss G. Stanley.

Representative to Local Council of Women—Miss M. Hewitt.

Nominating Committee—Mrs. Way, Miss N. Lovering, Miss S. Johnston.

OWEN SOUND GENERAL AND MARINE HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Georgina Thompson; President, Miss M. Sim, 860 Third Ave., East; First Vice-President, Miss Olga Stewart; Sec.-Treas., Miss Grace Rusk, 952 Fifth Ave., East; Assistant Sec.-Treas., Miss E. Webster; Sick Visiting Committee, Mrs. O. Broadhead (Convener), Mrs. W. Forgrave, Mrs. D. J. McMillan; Programme Committee, Miss M. Graham (Convener), Miss McLean, Miss Wallace; Press Representative -Miss E. Webster.

NICHOLLS' HOSPITAL ALUMNAE ASSOCIATION, PETERBORO, ONT.

Hon. President, Mrs. E. M. Leeson, Superintendent, Nicholls' Hospital; President, Miss Fanny Dixon, 538 Harvey St.; First Vice-President, Miss Walsh, Asst. Supt., Nicholls' Hospital; Second Vice-President, Miss Anderson, 212 London St.; Recording Secretary, Mrs. L. A. Law, 511 King St.; Treasurer, Mrs. Campbell Jordan; Correspondence Secretary and Representative to "The Canadian Nurse," Miss M. Ferguson, 476 Bonaccord St.; Private Duty Representative, Miss Reid; Representatives to Local Council of Women, Misses Anderson, Long, Stocker; Convener Socia Committee, Mrs. Maurice Pringle.

SARNIA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Kathleen Scott; President, Miss Fisher; Vice-President, Miss Lumby; Secretary, Miss Mary Firby; Treasurer, Miss S. Laugher; Correspondent to "The Canadian Nurse," Miss Watson.

THE SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. Director, Rev. Sister Acyndina; President, Miss M. Delaney; First Vice-President, Mrs. O'-Driscoll; Second Vice-President, Miss S. Kehoe; Secretary-Treasurer, Miss F. Allerdice, General Hospital.

STRATFORD GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss A. M. Munn; President, Miss M. Derby; Vice-President, Miss A. Snider; Secretary-Treasurer, Miss C. J. Zoeger.

Representative to "The Canadian Nurse"—Miss C. J. Zoeger.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHARINES, ONTARIO

Hon. President, Miss Meiklejohn (Superintendent Mack Training School); President, Mrs. W. J. Durham, R.R. No. 4; 1st Vice-President, Mrs. Neil Buchanan, 26 Wolsely Ave.; 2nd Vice-President, Miss Mazie Merriott, 16 Richmond Ave.; Treasurer and Secretary, Miss Norma Grenville, Box 60, Thorold, Ont.; Asst. Secretary, Mrs. Comba, 24 Lowell Ave.; "The Canadian Nurse" Representative, Miss Mary F. Stevens, 17 Academy St.; Social and Programme Committee, Mrs. Jacques (Convener), 150 Russell Ave., Miss Tuck, Miss Gladys Miller, Miss Mary Phipps; Auditors, Mrs. James Parnell, Mrs. Leo Bradt.

THE ALUMNAE ASSOCIATION AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONT.

Hon. President, Miss Lucille Armstrong, Memorial Hospital; President, Miss Jean Killins, Memorial Hospital; First Vice-President, Miss Myrtle Bennett, Memorial Hospital; Secretary, Miss Leila Cook, 30 Princess Ave.; Treasurer, Miss Eva Fordham, 33 Wellington St.; Executive Committee, Mrs. T. Keith Misses Stevenson, Campbell, Malcolm and Hastings.

TORONTO GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss M. A. Snively; President, Miss Kathleen Russell; First Vice-President, Miss Alice Thompson; Second Vice-President, Miss Maud Coatsworth; Recording Secretary, Miss Margaret Dulmage; Corresponding Secretary, Miss Dorothy Fortier, 471 Spadina Ave.; Treasurers, Miss Mabel Cunningham and Miss Nora Huntsman; Councillors, Misses Julia Stewart, Clara Brown, Margaret Green, Ethel Campbell, Ethel Cryderman.

ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Currie; President, Mrs. John Gray, 73 Manor Rd. East; First Vice-President, Miss Jessie Goodman; Corresponding Secretary, Miss Mary Hendricks, 26 Rose Park Crescent; Recording Secretary, Miss Alberta Bell, Grace Hospital; Treasurer, Miss Elsie Ogilvie, 334 Brunswick Ave.

THE ALUMNAE ASSOCIATION OF GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO ONT.

President, Miss Edith Lawson, 130 Dunn Ave., Toronto; Vice-President, Miss Margaret Ferriman, 53 Herbert St., Toronto; Secretary, Miss Harrie Fowlds, 130 Dunn Ave., Toronto; Treasurer, Miss Ione Clift, 130 Dunn Ave., Toronto; Convener Social Committee, Miss Mary Forman, 130 Dunn Ave., Toronto.

THE ALUMNAE ASSOCIATION OF THE TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. MacLean; President, Mrs. W. J. Smithers, Sussex Court Apts.; Vice-President, Miss Catherine MacKinnon, 100 Bloor St. W.; Sec.-Treas., Miss Lucy M. Loggie, Apt. 12, 610 Ontario St., Toronto.

RIVERDALE HOSPITAL ALUMNAE ASSOCIATION, TORONTO

President, Miss M. Jones, Riverdale Hospital; 1st Vice-President, Miss M. Thompson, Riverdale Hospital; 2nd Vice-President, Miss A. Armstrong, Riverdale Hospital; Secretary, Miss Mae Scott, Riverdale Hospital; Corresponding Secretary, Miss Delta Mick, Riverdale Hospital; Treasurer, Miss M. Craig, Riverdale Hospital; Board of Directors, Miss Honey and Miss F. McMillan, Riverdale Hospital, Miss Stretton, 7 Edgewood Ave., Mrs Quirk, 60 Cowan Ave. and Mrs. Lane, 221 Riverdale Ave.; Conveners, Standing Committees, Sick and Visiting, Mrs. Paton, 27 Crang Ave.; Programme, Miss E. Scott, Riverdale Hospital; Central Registry, Misses Brown and Hewlett; Representative, "The Canadian Nurse," the Secretary.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN, TRAINING SCHOOL FOR NURSES, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss F. J. Potts, Miss Kathleen Panton; President, Mrs. Langford, 71 Springmount Ave.; 1st Vice-President Miss Flora Jackson; 2nd Vice-President, Mrs. Babcock; Treasurer, Miss Marjorie Jenkins, Hospital for Sick Children; Rec. Secretary, Miss Wilma Lowe; Cor. Secretary, Miss Gene Clark, 406 Rushton Rd.; Conveners of Committees: Sick Visiting, Mrs. Wilkinson, 112 Grace St.; Programme, Miss Hazel Hughes; Social, Mrs. Murray Robertson; Representative to Private Duty, Miss Margaret Marshall; "The Canadian Nurse," Mrs. James, 165 Erskine Ave.

THE ALUMNAE ASSOCIATION OF ST. JOHN'S HOSPITAL, TORONTO

President, Miss E. R. Price; First Vice-President, Miss M. Haslett; Second Vice-President, Miss S. Burnett; Recording Secretary, Miss E. Isaac; Corresponding Secretary, Miss Q. Turpin; Treasurer, Miss R. Ramsden; Press Representative, Miss K. Jackabarry.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO

Hon. President, Sister Mary Aquinas; Hon. First Vice-President, Sister Amata; President, Miss Hilda Kerr; First Vice-President, Miss Eva Dunn; Second Vice-President, Mrs. Artkins; Third Vice-President, Miss E. Graydon; Recording Secretary, Miss Audrey Kearns; Corresponding Secretary, Miss Marjorie Larkin, 190 Carlaw Ave.; Treasurer, Miss Irene McGurk; Directors, Miss Bertha Cunningham, Mrs. C. Fletcher, Mrs. J. E. Day.

Committees—General Convener, Miss E. Dunn; Public Health, Miss A. Connor; Private Duty, Miss R. Grogan; Nominations, Miss M. Rowan; Sick Visiting, the Directors; Entertainment, the Executive; Press and Publication, Miss Kathleen Meader.

VICTORIA MEMORIAL HOSPITAL ALUMNAE ASSOCIATION, TORONTO

Hon. President, Mrs. Forbes Godfrey; President, Miss Annie Pringle; Vice-President, Miss Dorothy Greer; Secretary, Miss Florence Lowe, 152 Kenilworth Ave., Toronto; Treasurer, Miss Ida Hawley, 41 Gloucester St., Toronto.

Regular Meeting—First Monday of each month.

ALUMNAE ASSOCIATION OF WELLESLEY HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. G. Flaws; President, Miss Ella Bastian, 88 Wineva Ave.; Vice-President, Miss O. Russell, 878 Palmerston Ave.; Corresponding Secretary, Miss Edith L. Carson, 320 Jarvis St.; Recording Secretary, Miss Waple Greaves, 65 Glendale Ave.; Treasurer, Miss Kathleen Layton, 38 Helendale Ave.; Members of Executive, Misses Elsie Jones, Irene Williams, Hazel MacInnis and Mrs. V. Musgrave; Representative to Central Registry, Miss Helen Carruthers, 112 Bedford Rd., and Miss Ina Onslow, 100 Gloucester St.; Representative to Toronto Chapter R.N.A.O., Miss Edith Cale, 211 Carlton St., Apt. 3; Correspondent to "The Canadian Nurse," Miss Edith Cowan, 496 Sherbourne Street.

TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Beatrice Ellis; President, Miss Marion Wylie, Western Hospital; Vice-President, Miss Grace Sutton, Western Hospital; Secretary-Treasurer, Miss Marjorie Agnew, Western Hospital; Recording Secretary, Mrs. McArthur; Councillors, Mrs. Annie York, Mrs. Bell, Misses Jessie Cooper, Anderson, Hornsby and Lindsay; Visiting Committee, Miss Mary Thomas, Western Hospital; Representative to Toronto Chapter R.N.A.O., Miss Wiggins; Representative to "The Canadian Nurse," Miss Annie Lowe, Western Hospital.

Meetings—Second Tuesday each month, at 8 p.m., in Assembly Room of Western Hospital.

ALUMNAE ASSOCIATION, WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. H. M. Bowman, Superintendent; President, Miss Eleanor Clark, 1986 Queen St. E.; First Vice-President, Miss B. Henry, 100 Yorkville Ave.; Recording Secretary, Miss D'Arcy Berry, 149 Rusholme Rd.; Corresponding Secretary, Miss Bernice Stillman, Psychiatric Hospital, Surry Place; Treasurer, Miss M. Chalk, 53 Sylvan Ave; Representatives to Local Council of Women, Miss Lois Shaw, 564 Gladstone Ave.; Miss Mae Roberts, 123 Nairn Ave.; Refreshment Committee, Miss B. E. Fraser, Miss M. Stillman, Miss Spademan.

THE ALUMNAE ASSOCIATION OF THE CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL FOR CONSUMPTIVES, WESTON, ONT.

Hon. President, Miss E. MacP. Dickson; President Miss Hazel Dixon, Reg.N., Toronto Hospita for Consumptives; Vice-President, Miss Ella Robertson, Reg. N., Toronto Hospital for Consumptives; Secretary, Miss Josephine Wik, Reg.N., Toronto Hospital for Consumptives; Treasurer, Maude Powell, Reg.N., Toronto Hospital for Consumptives.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss F. Sharpe; President, Miss W. Huggins; Vice-President, Miss V. Burns; Treasurer, Miss E. Peers; Recording Secretary, Miss G. Jefferson; Assistant Recording Secretary, Miss A. McLean; Corresponding Secretary, Miss E. Hastings; Assistant Corresponding Secretary, Miss H. Brown.

GRADUATE NURSES' ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. Buck; President, Miss H. Buchanan; First Vice-President, Mrs. G. D. MacKinnon; Second Vice-President, Miss D. Ingraham; Recording Secretary, Miss H. Hetherington; Corresponding Secretary, Miss M. Robins; Treasurer, Mrs. G. Edwards; Representative to "The Canadian Nurse," Miss E. Morrisette.

LACHINE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss B. Brown; President, Mrs. A. McT. Murray; Vice-President, Miss I. Mackay; Secretary-Treasurer, Miss M. Greene.

Regular meetings—Second Monday of each month at 8.15 p.m.

MONTREAL GRADUATE NURSES' ASSOCIATION

President, Miss Phillips, 750 St. Urbain St.; First Vice-President, Miss C. M. Watling, 29 Pierce Ave.; Second Vice-President, Miss Muriel Butler, 6 Oldfield Ave.; Secretary-Treasurer, Miss Susie Wilson, 38 Bishop St.; Registrar, Miss Lucy White, 38 Bishop St.; Convener Griffentown Club, Miss G. H. Colley, 261 Melville Ave., Westmount, P.Q.

Regular Meeting—First Tuesday in each month, at 8.15 p.m.

A.A. CHILDREN'S MEMORIAL HOSPITAL, MONTREAL

Honorary President, Miss A. Kinder; President, Mrs. C. H. P. Moore; Vice-President, Mrs. L. G. Rhea; Treasurer, Miss F. B. Laite; Secretary, Miss M. Watson; Representative, "The Canadian Nurse," Miss D. Parry; Representative, Private Duty Section, Miss H. MacDonald; Sick Nurse Committee, Misses H. Bush and A. O'Dell; Members of Executive Committee, Misses M. Wight and E. Hillyard.

MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss N. G. E. Livingston; President Miss C. Watling; First Vice-President, Miss S. E. Young; Second Vice-President, Miss M. Batson; Treasurer, Miss Ruth Stericker, 372 Oxford Ave.; Treasurer, Sick Nurses Benefit Association, Miss H. M. Dunlop, 223 Stanley Street; Recording Secretary, Miss E. M. Robertson, Montreal General Hospital; Corresponding Secretary, Miss D. K. McCarogher, Montreal General Hospital; Executive Committee, Miss F. M Shaw, Miss F. E. Strumm, Miss F. L. Reed, Miss C. Denovan, Miss M. Mathewson; "The Canadian Nurse" Representative, Miss A. Jamieson, 38 Bishop St.; Representatives to Local Council of Women, Miss Colley, Miss Wainwright; Sick Visiting Committee, Miss Bullock (Convener), 56 Sherbrooke St. West, Misses H. Shaw, I. Symonds, M. L. Des Barres.

THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL, MONTREAL QUE.

Hon. President, Mrs. Helen Pollock, President Miss M. Richards; Vice-President, Miss J. O.Neill; Secretary, Miss C. Crossfield, 1104 Tupper Street; Assistant Secretary, Miss D. Porteous; Treasurer, Miss H. O'Brien.

Sick Visiting Committee—Miss N. Horner (Convener), Miss D. Smith.

Social Committee—Miss E. Routhier (Convener), Miss E. Barr, Miss J. Lindsay, Mrs. H. Glazebrook.

"The Canadian Nurse" Representative—Miss I. C. Garrick, 4 Oldfield Ave.

Regular Meeting—First Thursday, at 8 p.m.

ALUMNAE ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

Hon. Presidents, Miss Draper, Miss Henderson, Mrs. Hunt and Miss Hersey; President, Miss Elsie Allder; First Vice-President, Miss Marguerite Bellhouse; Second Vice-President, Miss Mary Pickard; Recording Secretary, Mrs. Roberts; Corresponding Secretary, Miss Amy Stoddard; Treasurer, Miss Mable Darville; Treasurer Pension Fund, Miss Milla MacLennan; Executive Committee, Miss Goodhue, Miss Davidson, Miss B. Stewart, Mrs. Stanley; Representative to "The Canadian Nurse", Miss Grace Martin; Representatives to Local Council of Women, Miss Hall, Miss Bryce; Sick Visiting Committee, Convener, Mrs. M. J. Bremner, 225 Pine Ave., West (Uptown 3861).

Regular Meeting—Second Wednesday at 8 p.m.

THE WESTERN HOSPITAL ALUMNAE ASSOCIATION, MONTREAL

Hon. President, Miss Jane Craig; President, Miss Elizabeth Wright; First Vice-President, Miss Edna Payne; Second Vice-President, Miss E. Corbett; Treasurer, Miss Jane Craig; Secretary, Miss Ruby Kett; Conveners of Committees, Membership, Miss F. Martin; Finance, Miss E. MacWhirter; Programme, Mrs. A. Barwick; Representative to "The Canadian Nurse," Miss O. V. Lilly.

THE ALUMNAE ASSOCIATION OF THE WOMEN'S HOSPITAL, MONTREAL

Hon. President, Miss E. F. Trench; President, Mrs. Crewe; First Vice-President, Miss Seguin; Second Vice-President, Mrs. Hug; Treasurer, Miss Trench; Secretary, Miss N. J. Brown; Sick Visiting Committee, Mrs. Kirke, Miss Thompson; Representative to "The Canadian Nurse," Miss A. Orr.

Regular Meeting—Third Wednesday, at 8 p.m.

A.A. SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY, MONTREAL, P.Q.

Hon. President, Miss F. M. Shaw; President, Miss F. L. Reed; Vice-President, Miss Anne Slattery; Secretary-Treasurer, Miss M. Batson, General Hospital Montreal; Representatives to Local Council of Women, Miss Edith Ward, Miss Doris Weir; Representatives to The Canadian Nurse: Public Health, Miss Nash, convener; Educational Section, Miss Black, convener; Administration, Miss Holt, convener; Programme and Reception Committee, Miss Matthews, convener.

ALUMNAE ASSOCIATION OF JEFFERY HALE'S HOSPITAL, QUEBEC

Hon. President, Miss M. Shaw; President, Miss Mayhew; First Vice-President, Miss May Lunam; Second Vice-President, Miss Fellows; Corresponding Secretary, Miss M. Jack; Recording Secretary, Miss E. Matheson; Treasurer, Miss M. Fischer; Councillors, Miss F. L. Imrie, Miss G. Waldron, Miss E. Walsh, Miss Daisy Jackson, and Miss A. Maga; Representative to Private Duty Section, Miss E. Walsh; Representative to "The Canadian Nurse," Miss H. A. MacKay; Conveners of Committees: Sick Visiting, Mrs. D. Jackson and Miss E. Jack; Refreshments, Miss F. L. Imrie and Miss Adams.

SHERBROOKE HOSPITAL ALUMNAE ASSOCIATION

Honorary President, Miss Helen T. Buck; President, Mrs. Colin Campbell; First Vice-President, Miss Buchanan; Second Vice-President, Mrs. A. H. Baker; Treasurer, Miss Morrisette; Recording Secretary, Mrs. C. K. Bartlett; Corresponding Secretary, Mrs. W. Giovetti; "The Canadian Nurse" Correspondent, Mrs. Guy Bryant, 34 Walton Avenue

MOOSE JAW GRADUATE NURSES' ASSOCIATION

Hon. Advisory President, Mrs. Harwood; Hon. President, Mrs. Handrahan; President, Mrs. Lydiard; First Vice-President, Miss Morrison; Second Vice-President, Mrs. Metcalfe; Secretary-Treasurer, Miss Ida Lind, 202 Scott Building.

Conveners of Committees: Press, Miss L. French; Programme, Miss Helen Riddell; Social, Mrs. Phillips; Registration, Miss Cora Kier; Constitution and By-Laws, Miss G. Bambridge; Private Duty, Miss C. Hazzard; Public Health, Miss Cora Kier; "The Canadian Nurse," Mrs. C. Stansfield.

TWELVE UNIFORMS FREE!

To the three nurses offering the best letters as to the most practical suggestions for present-day "Duty Dress" for the nursing profession, we offer the following prizes:

1st Prize—Six Uniforms in Middy Twill
2nd Prize—Four Uniforms in Middy twill
3rd Prize—Two Uniforms in Middy twill

in any of the styles illustrated below. Letters should not exceed two hundred and fifty words, and should be addressed to "Duty Dress Dept.," and must be delivered to us by December 15th, 1926.

C NURSES C UNIFORMS C

No. 8100 No. 8200 No. 8400 No. 7700

STYLE	MATERIAL	PRICE
Nos. 8100, 8200, 8400	in Middy Twill at $3.50 each, or 3 for	$10.00
Nos. 8100, 8200, 8400	in Corley Poplin, at $6.50 each, or 3 for	18.00
No. 7700	in best quality Nurse Cloth, at $3.00 each, or 3 for	8.50

Postage and Tax paid anywhere in Canada when your order is accompanied by money order.

We allow for shrinkage. Give bust and height measurements.

CORBETT-COWLEY
Limited

468 King St. W.
TORONTO 2

314 Notre Dame St. W.
MONTREAL

Advancing Age

is marked by an increasing preponderance of tissue breakdown over tissue repair, which renders proper feeding a most important measure.

A well-balanced supply of the "chemical foods", calcium, sodium, potassium, manganese, phosphorus, and iron, is essential to tissue building. And the so-called "dynamic" action of strychnine and quinine, administered in continuous small doses, impedes the progress of destructive metabolism.

Compound Syrup of Hypophosphites

TRADE **"FELLOWS"** MARK

contains these elements in a uniform, palatable, stable, and easily-assimilable form. And the clinical results from over fifty years of use, bear witness to its usefulness in advancing age.

Samples and Literature on request

Fellows Medical Manufacturing Co., Inc.

26 Christopher Street **New York City, U. S. A.**

LISTERINE

A Non-Poisonous, Unirritating, Antiseptic Solution

Agreeable and satisfactory alike to the Physician, Surgeon, Nurse and Patient. Listerine has a wide field of usefulness and its unvarying quality assures like results under like conditions.

As a wash and dressing for wounds
As a deodorizing, antiseptic lotion
As a gargle
As a mouth-wash dentifrice

Operative or accidental wounds heal rapidly under a Listerine dressing, as its action does not interfere with the natural reparative processes.

The freedom of Listerine from possibility of poisonous effect is a distinct advantage, and especially so when the preparation is prescribed for employment in the home.

LAMBERT PHARMACAL COMPANY

263-5 ADELAIDE STREET WEST, TORONTO, CANADA

Please mention "The Canadian Nurse" when replying to Advertisers.

The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses' Association

Vol. XXII. WINNIPEG, MAN., DECEMBER, 1926 No. 12

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—
JEAN S. WILSON, Reg. N., 609 Boyd Building, Winnipeg, Man.

DECEMBER, 1926

CONTENTS

		PAGE
Military Nursing in England	*Dame Maud McCarthy*	619
Keeping Christmas		628
Department of Nursing Education:		
Ward Administration—Round Table:		
Viewpoint: The Hospital Administrator	*E. Muriel McKee*	629
" The Training School	*Kathleen Ellis*	632
" The Head Nurse	*Miss Dobbie*	634
Department of Private Duty Nursing:		
Professional Etiquette	*Dr. Helen MacMurchy*	636
Department of Public Health Nursing:		
A Synopsis of Provincial Reports, 1924-1926	*Muriel MacKay*	640
Canadian Army Medical Nursing Service:		
Frontier Nursing with the Red Cross	*N/S Agatha V. Gamble*	645
News Notes		649
Index, 1926		660
Official Directory		663